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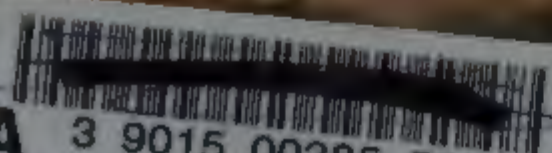
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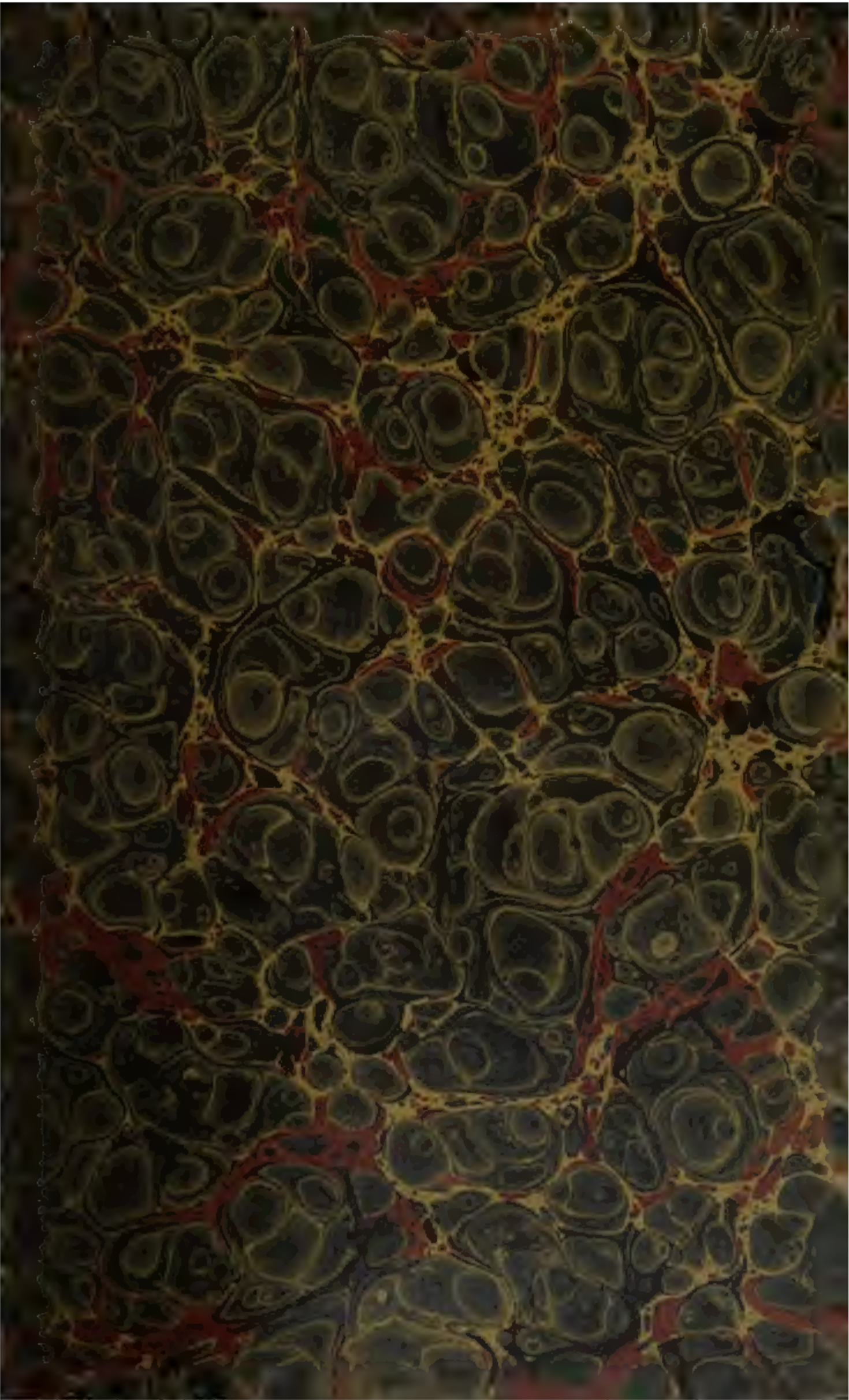
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A M O N T H L Y J O U R N A L ,

DEVOTED TO THE INTERESTS OF

HOMŒOPATHIC PHYSICIANS.

V O L U M E I I I .

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INTRODUCTORY.

Publishers of Medical Journals have usually complained of insufficient support. Many of our periodicals have suspended because the receipts did not amount to one-half the expenditures. Our own history has been different. During the past year we have not had a dozen discontinuances, and almost all our subscribers have promptly paid for their subscriptions. An accurate account of expenses and receipts shows a handsome amount on the right side of the account.

Encouraged by this very liberal support, we have enlarged the size of our Journal to forty-eight pages, and made other changes which will doubtless be regarded as improvements.

We are well assured that the efforts of our contributors have enabled us to make our Journal valuable heretofore. We wish again to express our obligations, and to assure them that we shall ever feel grateful for their assistance. With their aid we hope to make up at least one-half of each number with valuable original papers, and the remainder with a collection of readable and instructive matter, judiciously selected.

The Journal will continue to be devoted to the interests of homœopathic physicians, particularly those in active practice. We shall not solicit subscriptions from laymen, or attempt to make a magazine suitable for popular reading.

Articles will be classified as follows:

PRACTICE OF MEDICINE,
MATERIA MEDICA,
PHYSIOLOGY,
MISCELLANY,
OUR COLLEGES,

SURGERY,
OBSTETRICS,
CHEMISTRY AND PHARMACY,
PERSONAL NOTICES,
BOOK NOTICES, &c.

PRACTICE OF MEDICINE.—Elaborate articles will appear, but we shall be pleased to receive brief *clinical reports*. Preference will be given to reports of cases treated with *one remedy* throughout. We hope that each subscriber will send us a detailed account of the treatment of at least one case, *with some one remedy exclusively*, during the year 1866. A small amount of labor for any one physician, but the report in the aggregate will be invaluable. When a physician writes to the effect that there is an epidemic of some particular form of disease prevailing in his neighborhood, and that he finds some one remedy more effective than any other, we thank him, but the obliga-

tion would be very much greater if he would give us the *characteristic symptoms cured*.

MATERIA MEDICA.—The development and improvement of our Materia Medica, particularly new provings of indigenous plants, will receive attention, and we hope to receive very frequent contributions to this object.

SURGERY.—More attention will be devoted to this department. Contributions are promised by several homœopathic surgeons of note.

OBSTETRICS.—Reports of treatment of difficult cases, application of new remedies, &c., &c., will be acceptable.

PHYSIOLOGY.—Papers of an interesting character by a well known writer, may be expected. We hope also to hear from others.

CHEMISTRY AND PHARMACY.—Under this head we hope to present many items of interest to the general practitioner.

OUR COLLEGES.—Notices of their progress and prospects, number of students in attendance, &c., &c., will appear from time to time under the names of the different professors. If editorial references are made, we shall aim to be impartial—“*the friend of all, the enemy of none.*”

BOOK NOTICES, ETC.—We hope every month to be able to publish a list of the medical books which are issued, and to make such references, extracts and reviews as may appear to be appropriate.

PERSONAL NOTICES.—We may devote a page each month to personal notices, and will thank our friends for any items of general interest for publication.

We shall not disfigure our pages with advertisements. Business notices, price lists, etc., will appear in the colored cover, which can be thrown aside at the end of the year.

Criticisms of a fair character will be welcomed, but all unjust reflections, and offensive personalities, will be promptly rejected.

Having fitted up a printing office, furnished it with good materials, and obtained experienced workmen, we expect not only to have the mechanical part well executed, but to have the time of publication within our own control. Hereafter our subscribers may expect the Journal by the first day of each month.

With sufficient capital invested in the enterprise, a valuable corps of contributors engaged, and a large subscription, the year is commenced under flattering auspices. Hitherto Providence has blessed our efforts. We hope that He will crown our future labors with success, that the Magazine may become still more useful.

Wishing each of our friends a very **HAPPY NEW-YEAR**, we beg

leave to say that we shall take great pleasure in presenting each of them with a copy of the poem, "MEDICAL POMPOSITY, OR THE DOCTOR'S DREAM. BY W. TOD HELMUTH, M. D.," if they will kindly remember us with their subscriptions, during the month of January.

Practice of Medicine.

ASIATIC CHOLERA.

Observations on the Pathology and Treatment of Asiatic Cholera.

BY THOMAS WILSON, M. D., HULL.*

From (British) Monthly Homeopathic Review, Nov.

During the great outbreak of Asiatic cholera in England in the year 1849, such an opportunity of seeing this frightful malady occurred to me as seldom happens to a medical man in this country.

I was practising allopathically in Hull during the entire period of the visitation; according to the Registrar General's report it was worse in this than in any other town in the kingdom. Having during that time attended 400 cases of cholera and cholerae, of which 45 were fatal, ample opportunity was afforded me of studying its nature.

A careful experimental investigation has led me to entertain those views of the pathological nature of cholera which I now propose to lay before you.

Definition.—Cholera is the result of poisonous or depressing agents in the atmosphere, giving rise to coagulation of the fibrin of the blood; the coagula, impeding the circulation through the capillaries, obstruct the flow of blood, and eventually produce all the symptoms characteristic of the disease.

Having thus defined what I believe to be its pathological nature, I will proceed to give a short sketch of our present knowledge of cholera, with the opinions which appear to support this theory.

“Premonitory Symptoms.”—These generally consist of pallor, collapse of countenance, and an expression of anxiety; slight pain in the forehead, noise in the ears and vertigo; sickness, heat and pain at the epigastrium; oppression at the chest, sighing, nervous excitement, loss of muscular power, uneasiness, colicky pains in the abdomen, with slight diarrhoea; the evacuation being at first feculent,

* Read at the Meeting of the Northern Homœopathic Association at Leeds, October 13, 1865.

afterwards watery or serous ; slight cramps of the legs ; oppressed, weak, small, slow, creeping, or intermitting pulse ; the surface of the body cold, clammy, or moist. These ailments may continue for days, but sometimes only for a few hours, at others not many minutes. Cases have occurred where they have been scarcely remarked, the patient having been struck down almost lifeless, with a dark or livid state of the surface, and all the symptoms characterising the fully formed state of the disease."

" *The fully developed malady*, consists of great vertigo, nervous agitation, oppression of the chest and præcordia, with complete loss of muscular energy ; cramps, commencing at the fingers and toes, rapidly extending to the trunk ; slow, thready and weak pulse ; great collapse of the countenance, the eyes being sunk deep in their sockets, surrounded by a dark circle ; vomiting and purging of a fluid resembling whey, or rice-water, containing whitish flocculi ; a peculiar sharp and contracted state of the features, wild and terrified expression of countenance, arising from a feeling of rapidly approaching dissolution. The whole surface, particularly the hands, face and extremities, assumes a leaden, blue, or purplish tint, varying in shade with the intensity of the attack and complexion of the person ; the extremities are shrunk, shrivelled, sodden, and the skin is deadly cold, damp and raw to the touch ; the nails have a bluish white hue ; the pulse is either reduced to a minute thread, or is entirely lost at the wrist, and often can with difficulty be felt at the neck ; the course of the large superficial veins, is marked by flat lines of a darker tint than the adjoining surface ; a burning heat and inexpressible anxiety is complained of at the epigastrium ; the patient tosses about incessantly, from a feeling of intolerable weight and anguish around his heart ; he struggles for breath, and often lays his hand on the stomach and chest, referring his agony chiefly to those situations ; his voice is nearly gone, and his respiration is quick, irregular, most laborious and imperfect ; the inspiratory act being effected by an immense effort, expiration being quick and convulsive. The patient calls frequently for cold water, speaks in plaintive whispers, and utters only a word at a time, the lungs not containing air enough for a sentence. The tongue is always moist, often white and loaded, generally flabby and cold. A thermometer introduced below the tongue, indicates an animal temperature frequently of ten or twelve degrees below the standard of health. The sense of touch is generally greatly obscured, deafness is often present. If blood be abstracted in this state, it is black, flows by drops, is thick, and feels colder than natural ; the air

which is expired is cold and raw. Vomiting and purging, which are far from being the most dangerous symptoms, are often the most remarkable in the least urgent cases, and are generally slight, or at least not profuse, in those attacks where the sinking of the vital energies is the most rapid.

“ The secretion of urine is totally suspended, as well as the biliary, salivary, and lachrymal fluids ; a peculiar earthy odour issues from the body, with a singular fetor of the perspirations and evacuations.

“ When the intense attack takes place without previous diarrhœa, then the vomiting and purging of watery or rice-colored fluid,—from the escape of the watery portion of the blood from the digestive mucous surface,—are most marked ; the quantity of the fluid thrown out, both upwards and downwards, in a few minutes, being often extremely great.”*

I will next draw attention to some of the peculiarities of the disease.

“ In cases terminating fatally in the blue stage, the chief change is in the blood, which has lost the greater part of its serum, from exudation through the digestive mucous surface ; the blood is thick and treacle-like in the large veins, the cavities of the heart are engorged with blood. The lungs are completely paralysed, and unable to perform the respiratory changes.

“ It is important to know, that poisoning from acrid or narcotic substances, particularly from tobacco and the white hellebore, and some of the animal poisons, produce symptoms closely resembling those of this pestilence.”†

Dr. Copland also observes, “ Whatever the exact origin of cholera, there seems little doubt that it is inhaled into the lungs, where it acts as a poison, depressing the energy of the nerves supplying this organ, and impeding those changes which the blood undergoes in the lungs. It is not improbable that a considerable change is going on, in a latent manner, in the blood, before the serous portion of it is discharged, and that this takes place chiefly in the lungs, and affects the vital relations subsisting between the serum, fibrin, and colored globules, as well as between the capillary vessels and blood circulating through them ; and that the fully developed period of the malady is the result.

“ It has been shown, both by post mortem appearances and the phenomena presented during life, that the requisite pulmonary changes are not produced upon the blood, and that the emunctories

* Copland's *Medical Dictionary*, Art. “ Cholera.”

† Copland, *op. cit.*

have their functions entirely suspended ; whilst, at the same time, the serous portion of the blood escapes from the alimentary canal, in so large a quantity as to change the physical condition of the blood in the vessels, and to render it unfit for circulation through them."

It is a well established fact in medicine at the present time that coagulation of the fibrin of the blood does occur during life. Dr. W. Stokes, at the last meeting of the British Medical Association, states, "An embolus suddenly obstructs an artery, and causes symptoms having a common character, though of course, varying according to the organ affected—symptoms which are new, sudden, extraordinary, often violent."

I will now attempt to show by experiment that coagulation of the blood does occur both in the capillaries and internal vessels during life, and thus point out how all the phenomena of cholera may be accounted for on the theory I have advanced, that *the arrest of the capillary and pulmonary circulation is from the commencement of the disease and not merely towards its termination*, as is generally supposed.

As tending to confirm this theoretical explanation of the phenomena of cholera, I will here draw attention to a few experiments on the living organism, to elucidate the fact that complete stagnation of the circulation can take place in portions of the vascular system, and even in the heart itself, without proving fatal.

The web of the frog's foot submitted to microscopic observation, while the animal is sufficiently under the influence of ether or chloroform to produce insensibility, demonstrates the fact, that the blood vessels are partially or completely congested, according to the degree of stupor arrived at ; this does not depend on the heart's action being weakened, as vivisection, when in this condition, shows the heart to be beating strongly, probably as much so as in the natural state, and it has continued to do so for forty or fifty minutes after the thorax had been opened, although the animal in other respects appeared dead. This state of the circulation I think is produced by the chloroform or ether acting directly on the blood, coagulating its fibrin in the capillaries and thus inducing the arrest of circulation observed ; that is, obstructing it mechanically. If this effect is produced through the nervous system, why does not arrest of the action of the heart take place as well ?

If the web of a frog's foot is firmly secured and placed in the field of the microscope and a drop of chloroform poured on it, its general influence on the animal not being induced, immediate congestion or

arrest of circulation is observed to occur. The same effect is produced on the large blood-vessels of the mesentery ; this immediate stoppage of the movement of the blood through the part wet with the chloroform looks very like direct chemical action, or as stated, coagulation of the fibrin, particularly as the circulation in other parts of the body is not disturbed, and the heart continues to beat normally.

Muller states, " Ether produces no precipitate in serum, but the fibrin coagulates when the liquor sanguinis of filtered frog's blood drops into a watch glass containing ether. The coagulation of fibrin by liquor potassæ or ether, differs from its spontaneous coagulation, inasmuch as in the latter case, a complete coherent coagulum is formed, which is at first transparent and gradually becomes turbid or opaque, while in the artificial coagulation the fibrin takes the form of separate globules, as is often the case with albumen when coagulated. The principal differences between the solution of fibrin and that of albumen in the serum are, that the former coagulates spontaneously, while albumen coagulates only under the action of heat or certain reagents ; and that the fibrin is precipitated by ether in the form of globules while albumen is not."* This paragraph shows that ether coagulates the fibrin of the frog's blood out of the body ; probably chloroform has the same property.

The inhalation of chloroform, for a sufficient length of time, probably would be fatal to human life in all cases. Frogs are easily killed by its long continued action ; I have repeatedly put them under its influence, varying the quantity from the smallest to the largest amount capable of producing its characteristic effects, in every instance death was the result in less than three days. Ether is not so fatal to these creatures ; as a rule they recovered from its effects. The same frog has been etherized by me many times. One frog which I kept for upwards of eight months, was during that time repeatedly submitted to the influence of ether, and always perfectly recovered.

Having shown the action of ether and chloroform on the circulation in the web of the frog's foot, I can now draw attention to the strong resemblance that exists between that condition of the blood in the frog, and the blue stage of cholera.

Cholera and its collapse is, I believe, produced by a morbid state of the atmosphere, augmented by over-crowding of cities and dwellings, compelling the inhabitants to breathe an atmosphere surcharged with carbonic acid, and putrescent emanations and deficient in ozone. Dr. Richardson states that " ozone is mixed with the air in minute

* Muller's *Elements of Physiology*.

proportions, viz.: one part in about 10,000. It is speedily destroyed in large towns, and with special rapidity in crowded, close and filthy localities. It gives to oxygen properties which enables it to support life. Its effects are destroyed by great heat. As ozone is consumed completely in crowded places, and being essential for the removal of decomposing substances and their products, no ventilation or other mechanical measures of a sanitary kind, can be fully efficacious, unless the air introduced be made active by ozone, that is, it should be fed artificially with ozonised air."

Dr. Carpenter observes, "The continued respiration of an atmosphere charged with the exhalations from the lungs and skin, is among the most potent of all the predisposing causes of disease; the presence of even a small per centage of carbonic acid in the respired air is sufficient to cause a serious diminution in the amount of carbonic acid thrown off, and of oxygen absorbed, consequently putrescent substances accumulate in the blood. The atmosphere in which a number of persons have been confined for some time becomes offensive to the smell, from the putrescent exhalations given off from the skin and lungs; this exerts precisely the same influence upon the spread of zymotic diseases, whose propagation seems to depend upon the presence of fermentable matter in the blood, as that which is produced by the diffusion of a sewer atmosphere through the respired air. The pernicious effect of over-crowding is exerted yet more through its tendency to promote putrescence in the system, than through the obstruction it creates to the due elimination of carbonic acid from the blood."*

The state of congestion that we witness in the web of a frog's foot, under the influence of chloroform, greatly resembles the congested state of the entire surface of the body in a cholera patient during collapse. I believe that both in the case of the frog and that of the human subject, this condition depends on coagulated fibrin in the capillaries; in the case of the cholera subject, the coagula having formed in the first instance, in minute vessels of the mucous surface covering the air cells and bronchial tubes, the poison having entered the circulation by the pulmonary apparatus, and having produced congestion there, the "greater" or systemic circulation must soon suffer from interruption to the flow of blood through the lungs, and circulate blood that has not undergone the process of arterialisation.

From the appearance of a patient in collapse, we have reason to believe that the entire capillary system is in a similar state to that

* *Carpenter's Principles of Human Physiology.*

observed in the web of the frog's foot. In the blue stage of cholera there is evidence of the blood being completely stagnant in the minute vessels of the skin, the mucous membranes, liver, kidneys, and every secreting or eliminating organ; the lachrymal gland also is implicated, as proved by the fact that cholera patients cannot shed tears. This condition of the surfaces must produce a very marked effect upon the larger blood-vessels.

When the web of the frog's foot has been influenced by chloroform, a microscopic examination of it shows the blood-vessels to be increased in diameter by the distention arising from the overcrowding of the globules. These become stationary, probably from fibrinous coagulation. The coagula formed being too large for circulation through the capillaries, and the *vis a tergo* of the heart being uninterrupted, the vessels become completely gorged with blood-globules, and exudation of the liquor sanguinis necessarily takes place.

If, then, the same congested state exists in the smaller blood-vessels of a cholera patient, and even of some of the larger arteries, as the radial, there being nothing but blood-globules in the smaller vessels of the secreting organs—there being no liquor sanguinis, no motion of the vital fluid—secretions cannot take place.

So large an amount of blood-globules being locked up in the smaller circulating vessels, the larger arteries and veins must be deprived of their usual quantity. This may be proved in the case of the frog under the influence of ether or chloroform, by an examination of the larger mesenteric vessels under the microscope; these are found to contain fewer blood-globules, and the fluid is seen to be much thinner than in the capillary system. This point being established, we may fairly assume that the larger circulating vessels are also distended, by the usual secretions and eliminations being arrested, and that the excess of fluid will have to be disposed of; this is effected by the mucous and other surfaces discharging the serum or watery parts of the blood, as seen in the vomiting of watery fluids and the rice-water evacuations, characteristic of cholera.

If the circulation of the blood is arrested in the smaller vessels, in cholera, decomposition of the blood-globules must soon take place. In collapse, the sense of smell enables us always to detect incipient putrefaction. The coldness of the breath and of the body, the deficient oxydation, the blue appearance and great prostration of the nervous system, can all be accounted for by the blood not being decarbonised in the lungs. According to Muller, "When the blood is not decarbonised, death soon takes place. In the process of arterialisa-

Dr. Raymond, at Gallipoli, adopted the same practice with complete success.

In 1854 Dr. Burq carried about him a diluted solution of sulphate of copper, and administered it in doses of from two to ten drops, in a little sugar and water, with one or two drops of laudanum. He believes copper to be a specific for cholera.

Dr. Ponowsky, of St. Petersburg, recommends powdered hellebore, taken as snuff, as an infallible remedy, if only the patients can be got to sneeze some eight or ten times.

HOMŒOPATHIC TREATMENT.—The most approved homœopathic or dynamically acting remedies are *Camphor*, *Arsenic*, *Cuprum*, *Ipecacuanha*, *Secale cornutum*, and *Veratrum album*. In addition to these medicines, I am of opinion that means ought to be used to keep the blood in a fluid state; for this purpose salines, ammonia and acetic acid are among the best means we can use.

It is necessary to keep up the external temperature of the patient artificially, by stimulating frictions, by the application of heat, and above all, by enveloping the entire body in hot blankets wrung out of a saturated solution of common salt in hot water, and containing a little nitrate or chlorate of potash; surrounding him also with additional dry blankets, to obviate a sudden reduction of heat. The cramps are immediately cured by this plan, and the blueness of the skin at once changed to a bright pink.

Ice and iced water may be given freely with the chemical blood remedies.

In conclusion, the value of ozone may be inferred by the fact that the blood-corpuscles possess peculiar relations to it, absorbing the allotropic condition of oxygen with considerable energy, parting with it again with equal facility, and acting, therefore, as ozone carriers.

As an average male adult in health gives off daily nearly 14 oz. (troy weight) of carbon by the lungs and skin, the necessity of providing an abundant supply of pure air for its free elimination is at once seen; the accumulation of carbonic acid in the blood, through the stoppage of the capillary circulation, is the cause of the rapidly fatal results in cholera.

The cause producing cholera appears to be some poisonous modification of the atmosphere, acting directly on the blood through the lungs, producing there arrest of circulation in its capillaries.

High land, pure air and water, although not shutting out the cause, appear to reduce its effects to the minimum.

Cholera Treated with Camphor only.

We understand that Dr. Rubini of Naples, now so well known through his proving of *Cactus grandiflorus*, has during the present and past epidemics of cholera in Naples treated about 200 cases. The only medicine he has used is *Camphor*. He has not, we are informed, lost a single case. Fifteen of his cases were first seen when in the collapsed stage. He gives five drops of the tincture of *Camphor* every five minutes, until improvement sets in, and then gradually lengthens the interval.

His homœopathic colleagues treated upwards of 300 cases with only one death.—(*British*) *Monthly Homœopathic Review*, Nov.

For the American Homœopathic Observer.

IRIS VERSICOLOR IN SKIN DISEASES.

BY J. D. BUCK, M. D.

My attention was first called to this remedy by Dr. S. Rogers, who has used it for a number of years, and during the past year I have made repeated clinical provings of it in skin diseases, and with a degree of success which I think will bear recording.

At first I used it in alternation with other remedies, being anxious to affect a speedy cure, and not having the necessary confidence in the *Iris* to trust it alone, without knowing more of its pathogenesis.

C. W., æt 18 months, light complexion, nervous-sanguine temperament, father of scrofulous tendency, had been afflicted for about five months with *Impetigo figurata*. The eruption covered the entire hairy scalp, extending to the ears, face and portions of the neck; was confluent soon after its first appearance, very moist, the scabs of a gray or slate color, with inflamed base, and the little patient exceedingly irritable and troublesome. *Hepar* 6th was given at night, and *Iris* 3d in the morning. A decided improvement was soon manifested, and the medicine was continued at longer intervals for about one month, when all symptoms of eruption had disappeared. Of course it would be impossible to tell in this case which remedy performed the cure; but in the following cases the *Iris* was used alone, and they are not by any means the only ones in which it has served me well.

In another case, age about the same as first, the eruption had been of longer standing, appearing but a few weeks after birth. The family were filthy, mother decidedly scrofulous, child scrawny, impover-

ished and of small cerebral development. Eruption like first, except more *dry* and *distinct*, and of darker hue, extending to the lips, limbs and posteriors. *Iris* 3d was given, six pills once a day, and an occasional bath ordered. The case recovered quite as readily as the first, and the child appears much improved every way. The same medicine and dose was given to the mother.

I treated two other cases in one family, one case a year old, and the other of five years standing, curing both with the same remedy in a different form, *Irisin*. The oldest had been troubled from infancy, the eruption sometimes confined to the head; but when I commenced the treatment it extended in patches over the whole body, being worse on the *knees* above and below the patella.

I by no means believe *Iris* to be a "*panacea*" for skin diseases; but nevertheless believe it has a range of action, which, when fully developed, will be of much service to the profession. I design making a proving of the drug at an early day, meantime shall continue to use it according to the light I have, for I have no sympathy with those who decry a *part*, because they have not the *whole*; who swear by "*provings*," which are not always reliable, and denounce *clinics*, which are at least *practicable*.

For the American Homœopathic Observer.

BILIOUS INTERMITTENT FEVER.

BY R. C. SMEDLEY, M. D.

On the 31st of August, last, I was called to see J. L., with high fever, yet lowness of skin and conjunctiva, and acute congestion of liver, with severe pains in the right hypochondriac and epigastric regions. Could not bear the least pressure over those parts, or to turn himself in bed. Tongue coated with a thick, yellowish fur, sour taste, food soured on the stomach immediately after eating. Gave *Aconite* and *Podophyllum pelt.* every hour.

Sept. 1st. Better. Had perspired freely through the night. All the symptoms ameliorated. Medicine continued, but of a higher attenuation. Next day there was a return of fever, but the eyes and skin were clear, and there was no pain in the region of the liver, but a soreness if pressed upon hard. He now complained of sharp, stitching pains throughout the chest, aggravated by inspiration and movement. These were promptly relieved with *Bryonia*².

Two days after he had a chill, followed by heat and sweat. He now complained of excessive, almost unbearable, pain in liver, bowels,

stomach, spleen and kidneys, which he expressed as sticking, stinging, aching, burning, gnawing, and increased by pressure ; aching, *lame* feeling of back. Violent aching, crampy and lancinating pains extending from kidneys to bladder, and along urethra, urging to urinate, with inability to pass but little, and that of a pale, yellow color. Bowels were constipated. Gave *Aconite*, *Canth.*, *Bell.*, *Nux. v.*, *Nux.*, *m.*, *Cocc*, *Colocy*, for about three days with no apparent benefit.

I recollected a case related to me several years ago by my valued friend and preceptor, Dr. Howard, of Philadelphia, where the kidneys were affected similar to this, and *Berberis* was the only remedy that afforded complete relief. The symptoms of *Berberis* I found to closely resemble the case before me. I gave it of the first dilution, three or six drops in half a tumbler of water, a spoonful every fifteen minutes till better. After a few doses he was relieved. Had a refreshing sleep, and awoke free from pain. The pain returned two or three times after, during the course of the disease ; but one dose of *Berberis*³ always removed.

The chills continued every other day, characterized by the following symptoms : Commenced about 7 A. M. with heat, thirst, headache, languid and congested eyes before the chill ; then chill, with violent shaking, cold hands and feet, head hot, eyes painful, insatiable thirst, nausea and pain in the stomach, bowels and kidneys, an “ *inexpressible misery all over.*” All the symptoms aggravated during the paroxysm of chill and heat, each of which lasted three hours. Obstinate constipation, urging to urinate between the hot and sweating stage. After the hot stage nausea and headache disappeared, when hunger set in, with aversion to drink. All the symptoms ameliorated during the sweating stage, and he felt comparatively well during the apyrexia, but was much prostrated, not being able to sit up in bed. *Chin.*, *Ars.*, *Ip.*, 1st and 2d dilutions, appeared to make but little impression. Upon close examination *Bryonia* seemed to correspond with his symptoms more nearly than any other. Gave it of the 6th. Symptoms lighter for two or three paroxysms, when they became as severe as before. Gave it now of the 30th. Improved so as to be able to sit up. This continued for a week, when improvement ceased. The symptoms still indicating *Bryonia*, I now gave it of the 200th, a few pellets in water, a teaspoonful four times a day during the apyrexia. The premonitory symptoms came on at the time for the next paroxysm, but disappeared without a chill, and he has had but one since, which occurred about a week after. He is now stronger and better than he

was for the last three years he spent in the army, or for a year previous to his entering the service.

Since that time I have treated other cases of intermittent fever with high potencies of the *properly selected remedy*, the patients having no return of the chills after taking one or two doses.

For American Homœopathic Observer.

EPILEPSEY TREATED WITH HIGH POTENCIES.

BY H. REYNOLDS, M. D.

On the 10th of July I was called upon to see a little girl, who had been subject to this disease for a number of years. The parents of the child told me that they had tried both homœopathic and allopathic physicians, but as yet nothing seemed to benefit their child. A Mrs. B. had persuaded them to try me, telling the family of a case I had cured. I found my patient with all the symptoms of Epilepsy. She had great convulsive movements, with foaming at the mouth. I prescribed *Hyoscyamus*²⁰⁰ in water every fifteen minutes, a teaspoonful. This soon relieved the child. It was these two symptoms that led me to give the child *Hyoscyamus*. It had no more attacks for two weeks, which was longer than it ever remained free from spasms before. In this *last attack* I learned the child had that day been frightened by a large *dog*. And the child kept its eyes also half open. It would neither close them tightly, nor would it any more than half open them. These symptoms led them to prescribe *Opium*²⁰⁰. The child, after taking the medicine, went to sleep and slept all day, and has not had any return of these attacks. It has now been almost three months, and before it never passed a week without them.

USE OF NEW REMEDIES.

A physician who treats from 60 to 100 patients per week, and who administered remedies to over 500 cases during August, reports that he seldom had patient on hand more than five days. Still more rarely did relapses occur. Thirteen patients died out of the 500; of this number only five had been under his care throughout the disease, the other cases from Allopathic hands, at the eleventh hour, when but little hope could be entertained.

Here is the secret of his success:—"I never use an old remedy when a new one is indicated."

A few Practical Remarks on the use of Carbolic acid, and of Phytolacca, Decandra and P. Octandra in Diphtheria.

BY DR. BAYES.*

Phytolacca has not received in HULL's *Jahr* and some other of our works on Materia Medica the notice its importance deserves. But full justice has been done to it in an admirable article in Dr. HALE's *New Remedies*.

Its provings should be compared with those of *Arsenic*, *Iodide of potassium*, *Iris versicolor*, *Mercurius*, and *Podophyllum*. It has the property, in common with *Iodide of potassium*, of producing a *rapid loss of adipose tissue*. Hence it may be worth trying, allopathically, in cases of fatty degeneration.

Its influence, in large doses, on the renal secretion is thus stated by Dr. Burt: "The urinary secretion was at first diminished, afterwards increased. The urine remained *acid* and became decidedly *albuminous*. The *specific gravity* became *greatly increased*. The bottle, used to measure the urine, became completely covered with a *white deposit*, about $\frac{1}{6}$ of an inch thick."

This would point to the probability of *Phytolacca* proving valuable in the homœopathic treatment of albuminuria with *urine of high specific gravity*, and a copious deposit of lithates; cases which indicate active congestion or sub-acute inflammation of the kidneys. So far, also, its pathogenetic effects on the kidneys would shew a direct relation to the pathology of diphtheria and scarlatina, especially when considered in relation to the throat symptoms, which are numerous and important. (See Dr. Hale's *New Remedies*.)

In the middle of July I was called to see two children who were suddenly seized with diphtheria. The attack could be clearly traced to an early morning walk, some days before, when they inhaled the stench of an open sewer. These two children were seized suddenly with prostration and sore-throat about noon on July 13th; by night they were very ill, with all the symptoms of high fever, pulse over 130, aching in the back and limbs, &c. On the 14th there was an opaque mucus, smeared over both tonsils and uvula; pulse 140; fetid breath, foul tongue, &c. Under *Bromine* gargle,† and *Mercur. Iodide*, B., and *Belladonna*³, some improvement took place through that day, though the opaque mucus had become studded with patches of diphtheritic membrane. On the 15th both patients appeared rather better; their pulses were better, and the disease appeared to

* (British) Monthly Homœopathic Review, Nov., 1865.

† One drop of pure *Bromine* to six ounces of distilled water.

be mitigating. I was unable to see them until the 17th, when I found both decidedly worse, and the younger of the two dying. The throat was full of false membrane and tenacious mucus; diarrhœa had set in, and large quantities of mucus and shreds of membrane were passed in the motions; there was an incessant cough, and hoarse, moist, sawing respiration. Several medicines were tried, without success, and the throat was sponged with *Muriatic acid* lotion; the only result was to bring away long strings of membrane. The poor child died the same night.

The elder of the two children now demanded our sole care. Her left tonsil and the whole uvula were covered with a thick, white membrane, which also projected into the pharynx; she complained of great pain in the ear. Her pulse was 140, and very weak. I determined on a total change of treatment.

On page 313 of the present volume of the *British Journal of Homœopathy*, in a review of Dr. Jules Lemaire's work *On Phenic (or Carbolic) Acid*, the following quotation occurs, on "Diphtheria:" "From the use of saponinated coal-tar I have derived a valuable assistance in the morbid productions of this disease developed in the fauces. *Saponine* facilitates the detachment of the false membranes." I therefore determined, as the *Muriatic acid* application did no good, to try the effect of *Carbolic acid*. I used a lotion thus prepared:—

R. Carbolic acid, gtt. v.

Concentrated vinegar (Condy's), gtt. xlv.

Aquæ dist., oz. iss, m.

The throat to be frequently painted with this.

I also determined to try the *Phytolacca decandra*, so strongly recommended by Dr. Burt, who gave it in four-drop doses of the mother tincture (see Hale's *New Remedies*, p. 314 *et seq.* I gave it in the following form:

R Tinct. phytolacæ dec., tinct. gtt. vi.

Aq. dist., oz. iss; a teaspoonful every two or three hours.

The effect of the *Carbolic acid* lotion was admirable; it brought away the membrane in large pieces, and appeared to exercise a most happy influence over the subjacent mucous surfaces.

The *Phytolacca* also had a marked effect on the pulse, the general health, and the throat. This patient made a good recovery, but for some time had paralysis of the throat, so that food and fluids would sometimes return by the nose. There was also semi-paralysis in the legs; but in a few weeks recovery of health and strength was perfect.

Another member of the same family was attacked on the 17th

with alarming severity, and for several days lay in great danger. Her pulse was over 130, and very feeble: large patches of false membrane appeared; the root of the tongue was much swollen, &c. In her case the *Carbolic acid* was used to the false membranes, and the *Phytolacca* mixture was given; but, in addition, as she was able to gargle, I carried out another of Dr. Burt's suggestions, and used a gargle with fifty drops of tinct. *Phytolacca* to half a pint of water. She steadily improved.

On page 279 of our present volume of the *Review* will be found some interesting remarks on *Phytolacca octandra*, by Dr. Sherwin.

He speaks of this *Phytolacca* as being "specific in diphtheria—given in decoction or infusion—applied very assiduously to the fauces as a gargle, and used hot as a poultice to the throat; all stiffness disappears; the membranous formation is thrown off, and is not reproduced; perspiration follows; fever subsides; all aching general pains and headache disappear, and the patient eagerly seeks for food." This certainly applies equally to the *Phytolacca decandra*. I substituted the *Phytolacca octandra* for it in the second of these cases, but there was no appreciable difference in the effects; the desire for food, after taking *Phytolacca* for a day or two, was very marked; the patients took everything that was offered, with a relish.

Ultimately, every member of the family, except the mother, took the disease; three of the cases were very severe. They all recovered.

The father was seized suddenly on August 24th with a chill; next morning his throat was sore, and a patch of the diphtheritic deposit appeared on the tonsils. We put him under the same treatment, and gave him stimulants freely, as there was a great tendency to failure in the action of the heart. He was quite convalescent, however, on the 29th, and went down to the sea side on the 30th.

On August 24th, I saw another case in a young child unable to gargle, and on the 29th an elder sister. These were friends of the former family, living about one mile distant, but I could in no way trace contagion, nor could I discover how the disease had originated.

The younger child had the *Carbolic acid* and the *Phytolacca* mixture. The elder had, in addition, the *Phytolacca* gargle; both these cases did extremely well.

On Sept. 1st, I saw another case of diphtheria, a girl of eleven, living in quite another part of the town. Pulse 88, tongue much furred, several patches of diphtheritic membrane on both tonsils,

threatening to run into one another. This case I determined to treat with *Carbolic acid* lotion alone. The throat was touched with the lotion several times a day. It brought away many shreds for the first four or five days ; on the 6th she was quite well.

On Sept. 3rd I saw a clergyman, of middle age, resident in college, with severe diphtheria. Pulso 104, tongue and fauces greatly swollen. I ordered him a *Phytolacca* mixture and gargle, and fomentations with spongio-piline to the throat.

On 4th, his pulse was down to 65, the throat still much swollen, and a large patch of diphtheritic membrane over left tonsil and extending forward over the palate. I could not see beyond the tonsil.

5th March. Less swelling, the uvula covered as well as the left tonsil. As he feels much better, continued *Phytolacca*. Shreds of membrane came away copiously in gargling.

The throat was quite well on the 11th, but the patient suffered from profuse perspirations. Order *Acid phosphoric*³, twice a day. In a few days he was perfectly well, and went to the sea side to recruit. In this case there was no consecutive paralysis.

There are a few general remarks which I would make with regard to this outbreak of diphtheria. I had not for several years seen any cases of diphtheria in Cambridge until these occurred. The weather had been extremely dry and warm ; the drains were very offensive ; our river was black and foul. The open drain where my first two little patients got their disease, and the youngest her death, was at the top of a hill. Their own house was on this hill, and free from any smell ; but numerous houses in the neighborhood had open privies, and the whole air was tainted with the smells.

The little girl who died was very delicate, and herself and some of her brothers and sisters were subject to croup.

In all the cases in this family there was a tendency to the rapid failure in the heart's action, so often met with in diphtheria. Large quantities of claret and burgundy were given as well as beef-tea, milk food, eggs, &c. ; any diminution in the quantity of stimulant was followed by relapse.

Then suddenly this condition ceases, about the eighth or ninth day ; there was no further need of any stimulant. Food was taken, enjoyed and digested, but paralysis of the throat and great muscular debility lasted, in some cases, for weeks.

In the two cases occurring in the second family attacked, no stimulants were needed, nor given, nor indeed in any of the other cases.

The father of the first family perhaps presented the most extraordinary example as to the sudden prostration met with in diphtheria. After he had been ill two days the faint action of the heart came on, and although a very temperate man in health, we had to pour wine and brandy down him to keep him from fainting away. I think he drank five bottles of wine, besides brandy, in the first four days. Then just as suddenly the prostration left; and on the 6th day he was well and able to travel a long journey.

Dr. Sherwin says, on p. 280 (loc. cit.), "*Stimulants (alcoholic) rarely do good.*" Such generalizations are dangerous. The physician must be wholly guided by the case before him. I am convinced that without alcoholic stimulants several of my first patients must have died. I am equally convinced that my latter patients did much better without stimulants. This is only another instance that judgment must be exercised in the treatment of disease, and that no general rules can be laid down as to stimulants, save to give them where there is much failure in the heart power.

My conclusion on these cases is this :

That *Carbolic acid* lotion is the best means for removing false membranes from those parts which can be reached by it.

That *Phytolacca* gargle possesses the same power; but I have not yet treated a sufficient number of cases to be able to give an opinion on their comparative power. *Phytolacca* is pleasant, and every patient who used it said it soothed the throat and was comforting to it; while all disliked the *Carbolic acid*.

The wet pad of spongio-piline from ear to ear, and changed as often as dry or cold, was very useful and comforting to the patient in the early stage.

I gave several medicines for the paralysis, *Woorari*, *Baryta*, *Phosphoric acid*, &c., but I do not think the effect was marked, and they got well just as soon with fresh air, friction and cold water, and a few doses of *Arsenicum*.

I think that *Phytolacca* will prove a most useful addition to our remedies for diphtheria, and hope that my own small experience of its value will induce others to test its powers. I have seen no cases of diphtheria since those above recorded.

NITRATE URANIUM.

A young girl troubled with weakness of the bladder from infancy applied for treatment. She was unable to retain the urine without causing extreme pain, amounting almost to spasms, during the day, and

at night passing it freely, without waking, and in cold weather in very large quantities. On taking cold, bloating of the bowels and extremities, also of the face ; some tenderness of the bowels, with frequent pain in the left side ; appetite poor and extremely dainty, craving sweets ; always complaining of derangement of the stomach ; very thin and pale ; for several years under allopathic treatment, receiving no benefit, and for two or three years under homœopathic treatment, without any better success. (*Cantharides*, *Tabacum* and many other remedies were used.)

At the age of twelve commenced the treatment with a few doses of *Nitrite uranium* 3d trit. This produced relief at night for a month or six weeks. It then returned. But for the period of a year, administering *Nitrate uranium* 3d, a small dose every night, there was a gradual relief, less frequency through the day, with less uneasiness and less quantities at night, and less pain until full control was gained. The 1st dilution was then administered, increasing the dose from time to time, until another six months brought almost a sure recovery, with good appetite, sound flesh and ruddy complexion. She remains well.

For the American Homœopathic Observer.

DYSENTERY.

Dysentery Cured with *Hamamelis Virginica*.

BY C. H. LEE, M. D.

A. S.—Has had dysentery for nearly a week. I found him in a bad condition, emaciated and ghastly, with hippocratic countenance ; bowels moved every fifteen minutes, of pure blood, with severe tenesmus and a crampy pain around the umbilicus just before stool. I ordered the family to keep the stools in order to see how much blood he would pass in twenty-four hours, and to my astonishment there was a little over a quart per day for three days ; no appetite, great thirst, tongue coated brown and parched ; calls a great deal for sour pickle. I gave him *Arsenicum*, *Merc.*, *Ipec.*, *Colocy*, without beneficial effect. Finding in the "New Provings," article, *Hamamelis virg.*, symptoms nearly similar to this case, I gave him the first attenuation every hour in water. Saw him the same evening. He was much better, bowels moved four times in the morning, but towards night no stools.

The next morning, I found him much improved. One stool only through the night. Desired bread and milk. I continued the *Hamamelis*, and my patient is now well.

Dysentery Cured with *Apocynum Cannabinum*.

Dr. F. L. Vincent says that *Apocynum cannabinum* has been his sheet anchor in dysentery. He writes: "*It has not failed me once.*" What were the characteristic symptoms?

Surgery.

CANCER.

BY J. G. HUNT, M. D., OF CINCINNATI.*

Cancers are those abnormal growths occurring in men, that have the power to feed upon, and assimilate to their own peculiar substance the parts with which they may be in contact. They are divided into three varieties: Scirrhus, Encephaloid and Colloid. *Scirrhus*, so called from a Greek word, which means marble—hence, sometimes called stone cancer. This characteristic hardness is generally uniform; but sometimes there are small portions of pulpy matter interspersed through the tumor. In form they are round, oval and flattened. The surface is first smooth, but afterward becomes lobulated or knotty. They rarely become of very large size, usually not to exceed a good sized apple or orange. They are found both alone and infiltrated into the substance of an organ. When infiltrated it changes the character of the part to its own. Thus Scirrhus hardens the uterus, but softens bone. It occurs most frequently in the female mammæ—the stomach and the lower lip.

The *Encephaloid* variety is called thus from its resemblance to the brain. That likening is one of the best descriptions that can be given of it. They are well supplied with blood vessels which give them their pink hue. This supply of blood vessels is the especially distinguishing characteristic from the other varieties, and explains the very great difference in growth. Are these blood vessels veins or arteries? Opinions differ. But they appear to the naked eye to be arteries, and the experiment of Prof. Berard, in 1830, appears to conclusively prove it. He injected the arteries and veins of the neck of a patient who had died with two non-ulcerated Encephaloid tumors of the neck. On cutting, the arterial injection was found through them, but no signs of the venous injections within their capsules.

* A report to Homœopathic Medical Society of Ohio, June 13, 1865.

Though the capsules themselves were injected, and the minute capillaries of the neighboring organs, the minute veins were completely obliterated with encephaloid matter. This class occurs both as distinct tumors and infiltrated. They are divided into two kinds: encysted and non-encysted. When an Encephaloid has an unusual amount of blood, or fungus growth, it is then properly called Fungus hæmatodes, or Rose Cancer. This is the accidental condition, and does not really make a new variety.

The third variety of Cancer is called *Colloid*: so named from the inner portion—colloid means glue-like. The contained part is like glue, either filling the whole sac, or interspersed in separate small sacs. These acquire considerable size, and occur most frequently in the pyloric orifice of the stomach. According to Cruveilhier this is the variety most frequently found in osteo-sarcoma and spina ventosa. That these three varieties constitute but one distinct class, is thus clearly stated by Walshe:

“They agree *anatomically*, for they are all composed of a containing and a contained part, forming a combination without its counterpart in the natural structures; they agree *chemically*, for they are all distinguished by the vast predominance of albumen in their composition; they agree *physiologically*, for they all possess in themselves the power of growth and of extension by continuity of tissue: that is, of assimilating to their proper substance the most heterogenous materials—an inherent tendency to destruction, and the power of local reproduction; they agree pathologically, for they all tend to affect simultaneously, or consecutively, various organs in the body, and produce that depraved state of the constitution known as the cancerous cachexia. Their title to be united is quite as strong in respect of practical medicine and surgery as in respect of scientific pathology, a consideration of the very highest importance.”

DIAGNOSIS.—In the early stage, it is frequently difficult to determine whether a tumor is or is not malignant. They may, however, generally be distinguished by remembering that cancerous tumors feel *very hard*, and are lobulated—are more isolated, not having so much effusion in the surrounding cellular tissue, and the presence of occasional darting, lancinating pains through them, and usually the neighboring glands are slightly affected, and that they appear in middle and advanced ages. Simple tumors, or occult, do not affect the general health so severely as cancerous.

In the more advanced stage, the skin over these tumors becomes dry, discolored and slightly wrinkled or puckered—finally cracks

open, and from these open grooves a thin, peculiar *fetid* and *excoriating* fluid is discharged. Soon the edges of the ulcer are *elevated* and *everted*, and the bottom irregularly elevated and depressed, and the surrounding skin discolored. Some of the best microscopists admit that they cannot distinguish the cancer-cell with the microscope. It is, therefore, not a certain means of diagnosis.

PROGNOSIS.—The prognosis of Cancer, as given by Allopathic surgeons, is very unfavorable—some regarding the term cancerous as synonymous with incurable. Dr. Gross, in a report upon the results of surgical operations in malignant diseases, says: “That cancerous affections, particularly those of the mammary glands, have always, with a few rare exceptions, been regarded by practitioners as incurable by the knife and escharotics. This opinion, commencing with Hippocrates, has prevailed from the earliest record of the profession to the present moment. Nature never cures a disease of this kind; nor can this be effected by any medicine or internal remedies known to the profession.” “That excision, however early and thoroughly executed, is nearly always, in genuine cancer, followed by relapse, at a period varying from a few weeks to several months from the time of the operation.”

Hartmann says the prognosis is not very favorable, although many cases are said to have been cured.

I take a more favorable view. The prognosis of each case, however, will be determined by the predominance of the cancerous diathesis, the exciting cause, the species of cancer, its locality, the rapidity and stage of its development, and the extent of the cachexia or contamination of the general system by the absorption of its secretions or excretions.

TREATMENT—has been the knife, cauteries, the local application of specific remedies, and internal medicines. I have before given Gross' testimony as to the results of ablation under Allopathic practice. Hartmann says: “The knife should never be resorted to in the treatment of cancer. An operation is not only useless, but inflicts unnecessary tortures upon the patient, and, generally speaking, hastens his end.” Marcy & Hunt say: “The success claimed by the advocates for the local treatment of cancer, *has always resulted from an error in diagnosis.*” (The italics are mine.) “When cancer really exists, it can scarcely, at any stage, be treated by local applications without hastening the progress of the suspected tumor into an active cancer. The removal of the suspected part by the knife, promises nothing better.” “In a large proportion of cases,”

says Sir Benjamin Brodie, "in which the operation is performed, the patient is not alive two years afterward; and in a great many cases, instead of the operation stopping the disease, it actually seems to hasten its progress; moreover, the operation itself is not free from danger. The testimony of all prominent surgeons of our time will be found to confirm the correctness of this opinion." (M. & H., vol. 2, page 285.

If the above is true, why do M. & H., on the same page, under the same head, give the following directions? "When the nature of the disease is settled, and its rapid progress inevitable, it should be promptly removed, when its locality and extent are such that entire removal is possible. Even when the nature of the disease is doubtful, it is far better to remove it when small, than to incur the risk of this most terrible of diseases," &c. Why operate if the local applications and the knife only hasten the progress of cancer? They give no special directions as to the mode of operating; from which we are to infer they recommend the usual one, which is given by Gross, in the paper referred to before: "That all operators insist upon the most thorough excision possible; removing not merely the diseased mass, but also a portion of the surrounding and apparently healthy tissues, as well as all enlarged and indurated ganglions." "That the practice has always prevailed, and still obtains, to *save, if possible, a sufficient amount of healthy integument to cover the wound, and to unite, if possible, the wound by the first intention*; on the ground that these precautions will tend much to retard, if not to prevent a recurrence of the disease." I have italicized that portion which I regard objectionable. Dr. Helmuth, in his work on Surgery, teaches the same error.

The views expressed in "The Homœopathic Practice of Surgery," published in 1855. by Dr. Hill and myself, I have seen no good reason to change, nor has my personal experience taught me their error. The knife can be used successfully in the earlier stages, and even the more advanced, provided the lymphatic glands are not affected, and there is a *distinctly circumscribed tumor which can be removed entire*.

The general rules contra-indicating an operation, are well laid down by Walshe:

"1. When such adhesions, or local extensions of the primary disease exist as would render it impossible to remove the mass completely by excisions or by amputation of the limb; 2nd, When the disease is manifestly spreading, or in a state of active growth; 3rd, When the existence of internal carcinoma is even probable; 4th,

When the cancerous cachexia is thoroughly established; 5th, When the disease has existed for a number of years in an almost stationary condition; gives rise to no serious derangement of the health, and is rather an inconvenience than a malady."

While this excellent writer is so particular in warning us against leaving a particle of diseased matter, that he advises to remove a stratum of healthy tissue along with the morbid growth, he has embraced (what we conceive) the *great error in the use of the knife*; the idea that it is advantageous to *heal the wound by the first intention*. We believe, except in case of amputation or removal of the testicle, just the opposite, and would, on the contrary, advise that the surface be repeatedly washed with a solution of the chloride of zinc, and poultices of Elm be applied, and the wound *healed by granulation*; such specific remedies being given internally as seem to be indicated, or are known to exercise a powerful influence over this disease. p.209.

Cauterization has been extensively used; different operators preferring this or that cautery. Sulphuric and Nitric Acid, Acid Nitrate of Mercury, Sulphate and Chloride of Zinc, &c., have all been used. "The principle of successful escharotic treatment is, *complete and rapid destruction* of the diseased mass, and the *prevention of the absorption* of the depraved fluids. When the battle commences there is no time to parley with the enemy." (H. & H. Surgery, page 210.) It may frequently, even in the advanced stages of the disease, be combined with the knife. Cauterization is the principle of the treatment which has been brought prominently before the Homœopathic profession by Drs. Marston & Maclimont, in the British Journal of Homœopathy, and which has been published in pamphlet form. They say, "If any means are to be successful, for the removal of cancerous tumors, we must look *in the direction of caustics*, the desiderata being, 1st, to find the least painful mode of applying the caustic; 2nd, to apply it so as to accomplish the entire removal of the disease; and 3rd, to combine the agent with some substance which possesses a direct and specific influence upon the disease itself." To fulfill these indications, they first apply an ice and salt mixture to deaden the sensibility of the skin where it is whole, and then destroy it with undiluted Nitric Acid. As soon as the skin becomes yellow it is well washed off, and their cancer plaster applied, mixed with an equal part of Stramonium ointment. This paste is made with a strong decoction of Hydrastis root, powdered Hydrastis, Chloride of Zinc and flour. The next day this plaster is removed, and parallel vertical incisions made through the extent of the eschar, about $\frac{1}{10}$ of an inch in depth,

and about half an inch apart. In these incisions their strips of cloth, smeared with the paste, are inserted. The incisions are deepened from day to day, and the paste *pushed to the bottom*, until the whole cancerous mass is destroyed. After the removal of the slough, the sore is healed by the daily application of cotton wool, spread with Stramonium ointment. The patient is put, usually, under the influence of Hydrastis a month or so before commencing cauterization, and continued during and after the treatment; unless for the administration of some inter-current remedy. From the third indication to be fulfilled, and the following interrogation: "Does this substance (Hydrastis) possess any positive influence over the cancerous diathesis, and does it fulfill any of the indications we have marked out as essential to successful treatment?" and their own answer, the effects, (referring to the cases cited) "scarcely allow us to doubt that in some way, which has yet to be explained, it does exercise a decided action upon this affection." I was led to suppose that they then regarded the Hydrastis to exert a specific effect over the disease, both incorporated in the paste and administered internally; but from an article from Dr. Marston, in the April No. of the British Journal of Homœopathy, of this year, we learn that this is an error. "It is, of course, obvious to all surgeons, that the Chloride of Zinc is the *sole* agent upon which the successful enucleation of the tumor depends; that this takes, as it were, the place of the knife in a cutting operation, and that any other ingredient added to the caustic is only of use to modify its action, or to form a vehicle for its application. We had, indeed, long ceased to regard the addition of the Hydrastis as being of any other service than to form a convenient diluent, which, from the glutinous nature it assumes on boiling, it certainly does. The assertion that it mitigates (except as a diluent) the pain caused by the Chloride, we have always considered as so much bosh."

Their mode of making incisions and applying the caustic in them, the credit of which is ascribed to Dr. Fell, was that practiced by a cancer celebrity fifteen or twenty years since in this country, and is particularly valuable in the application of specifics. If Hydrastis is only a glutinous diluent, would not the *Ulmus Fulva* be better?

The testimony of Dr. Bayes, however, is confirmatory of the first supposition of Drs. M. & M., that Hydrastis does possess a specific power in these diseases; but only those in which the glands alone are affected. The Acid Nitrate of Mercury, Recamier thought to be a caustic of special value for carcinomatous cases. Cancers have also

been treated with local applications, which were supposed to possess specific powers.

Almost every cancer Doctor has some secret remedy which forms the basis of his salve, or cure, and whose specific powers he extols. And from the relief they, in many cases, do afford, it is evident (to those who will not shut their eyes,) that there are remedies, unknown to the regular profession, specific to some cancerous conditions—else why do some of these cancer doctors, ignorant of the first principles of medicine and surgery, frequently succeed in well marked cases of cancer where the educated physician has failed? They ignorantly use it for all conditions and varieties, and very often fail. The duty of the true physician is not to condemn *in toto*, but find out those remedies, and ascertain, as far as possible, for what state or species each remedy is applicable. Upon the use of specific remedies we must depend in affording relief in those cases where the cancerous cachexia is at all apparent, or in removing the cancerous diathesis after ablations, or enucleation of malignant tumors.

Having already extended this paper much beyond my original intention, I will only briefly call attention to the more prominent remedies.

Arsenious Acid is especially valuable in the ulcerative stage of cancer. It is considered by Hartmann a sovereign remedy for cancer of the nares—very valuable for Noli-me-tangere and cancer of the tongue, alveolæ and the lip, when not the result of injury.

Sulphide of Arsenicum.—For a remarkably interesting cure with this remedy, and cut of the case, see my “Homœopathic Practice of Surgery,” page 211. Bromine proved very valuable in a case of Dr. Ganwerky. Conium is particularly adapted to the occult stage of cancers of glandular organs. Carbo Animalis and Vegetabilis are applicable both in the occult and ulcerative stage. Clematis is useful for cancer of the lips, and the occult stage of those of the mammæ. Hydrastis, the sphere of which has already been stated. Lachesis for hemorrhagic cancers. Dr. Petrasch says he found it the most efficacious remedy for the severe pains of these ulcers. Phosphorus is particularly valuable for fungus hæmatodes. Phytolacca decandra enjoys an old reputation in cancers. An interesting case of Dr. Neidhard’s is reported in the “Homœopathic Practice of Surgery,” page 229.

Thuja is valuable where there is much fungus growth or bleeding. It was the remedy, with Carbo Animalis which effected the remarkable cure of Fungus Hæmatodes of the eye upon Marshal Radetsky,

after Dr. Flaser, Professor of Ophthalmic Surgery, in Pavia, and Dr. Jager, Professor of Ophthalmic Surgery in the St. Joseph's Academy, at Vienna, had repeatedly and publicly pronounced it incurable. I do not think its value is properly appreciated, Dr. Slosson, of this city, had, just back of the inner condyle of the humerus, near the ulner nerve, a small, bluish colored tumor, which remained stationary for several years ; only giving him trouble when hit. It had latterly begun to grow, and when struck was very painful. It was evidently malignant. He consulted me as to the propriety of excision. I recommend the internal and external use of Thuja, under which it rapidly decreased.

RESECTION OF THE TIBIA.

BY WM. TOD HELMUTH, M. D., ST. LOUIS, MO.

The blessings that result from properly applied conservative means in surgical science, can scarcely be appreciated by those who have not been fortunate enough to have had an opportunity of observing the extent and power of the great reparative process of nature, which frequently surprise even those who are in a measure conversant with them. Some years ago Mr. Ferguson wrote, that amputations were rarely resorted to in the King's College Hospital, as the success attendant upon the conservative means employed, and the advantages deduced therefrom in surgical operations, in the majority of instances preserved the limb for the patient—sometimes, to be sure, with a stiffened joint, and at others, perhaps, with a few inches of shortening—which inconveniences must certainly be considered of trifling import, compared to the entire loss of the limb itself.

The *homœopathic* surgeon who keeps himself well up to the times in the best known allopathic *conservative means*, and adds thereto the *homœopathic treatment* before, during and after surgical operations of any magnitude, has advantages that will yet be fully appreciated both by the public and the profession ; but it may take some time for the superiority of the treatment to be acknowledged, for many reasons—*i. e.*, because the majority of the large hospitals in cities and manufacturing towns are under allopathic treatment ; because there are comparatively few homœopaths who give the study or practice of surgery the attention it deserves ; because a majority of the laity—certainly in this country—believe that the homœopaths abjure surgical science, excepting, perhaps, the setting of a fracture or opening a simple abscess ; and because, in many of the cities and towns,

a case of surgery, when presented to a disciple of Hahnemann, is forthwith turned over to his neighbor, who is an *allopathic surgeon*.

Homœopathic surgeons would have been recognized in the army and navy of the United States had it not been for the above-named facts, and the time will come, and is near at hand, when the odium will be taken away from our school; but *the people* must in the meantime be given to understand that there *are* homœopathic surgeons, and that the statistics accurately and truthfully prepared by them are proved to present *better* results than those of the older system. So soon as this is done satisfactorily, the project may be set on foot and carried successfully; but until it is accomplished it is a useless expenditure of both labor and money to attempt to introduce into the army and navy of this country a system of medicine which is regarded by many as actually opposed to all operative procedure, and which idea is disseminated with the utmost diligence by the members of the old school of physic.

To illustrate the benefits of the system of Hahnemann combined with conservative surgery, I present to the readers of this Journal a most interesting, and, I may add without egotism, a most successful case of resection of the tibia.

At the beginning of my last term of service at the Good Samaritan Hospital, I was particularly struck with the miserable appearance of a lad named Francis Bandans, aged about fifteen years. The history of the case is briefly as follows: The boy (who, by the way, could not speak a word of English, making known his complaints and wants in broken French,) had been employed by a farmer, and was driving a truck, drawn by oxen, on which was a large piece of heavy timber. By some unlucky accident, the lad fell between the wheel of the wagon and the stump of a tree, the former passing over his left leg, while his right leg was bruised severely by the fall. He was taken up as soon as assistance could be procured and the nearest Doctor (!) summoned. There was a severe compound fracture of both tibia and fibula, the ends of the bone protruding to the extent of an inch and three-quarters through the wound; the lower portion of the leg being at an acute angle, and the foot so entirely twisted from its position that it rested on the internal malleolus and external edge of its plantar surface. What the doctor (!) did is not well ascertained, but no attempt was made at either setting the bones or replacing the foot, and the boy lay *five weeks* with the injury as described. Then worn out by his suffering and with profuse suppuration, he was brought in an open wagon to the hospital. Typhoid symptoms set in,

and his condition was as follows : The broken bones had united, presenting a deformity which may be well imagined. The protruding ends of the tibia were covered with a crop of thick and dark-red granulations. There was a suppurating and offensive ulcer on the posterior portion of the right leg, occupying the whole belly of the gastrocnemius ; another sore about the hip-joint, together with spasmodic rigid contraction of the toes and knee-joint. The patient was also very much emaciated, with a dry, brown, hard, tongue, pulse 130 beats to the minute, tympanitis, and all the well marked symptoms of *typhus gravior*. To all appearances, with the extent and gravity of his injuries, the exhausting suppuration, the deprivation of proper nourishment, there were certainly data on which to found a very bad prognosis.

The first medicine that was prescribed was *Arsenicum* in the 3d trit., about two grains once in three hours ; while brandy and water three times per day, with occasional spoonful of beef essence, were carefully administered. The ulcer on the right leg was dressed with *Calendula* lotion, which was also applied over the protruding extremities of the fractured bones. It was some days before much improvement was noticed, but gradually the symptoms began to abate in their severity, excepting most excessive pain in the region of the hip-joint ; the most acute pain beginning at evening and lasting through the entire night. The screams of the poor boy were such that the other patients in the ward were unable to sleep. The application of compresses saturated with strong tincture of *Aconite* gave relief in time to this distressing symptom. The tympanitis was relieved by *Turpentine* in three to five-drop doses taken once in four hours, and the remaining symptoms combated as they presented with *Bryonia*, *Rhus tox.*, and *Sulphur*. About this time a diarrhœa became very troublesome, but was successfully treated with *Phosphorus* and *Phosphoric-acid*. During this treatment stimulants were constantly given, and their good effect was very appreciable. At length the disease was overcome.

Any physician who has had opportunity of treating typhoid fever is well aware of the prostrated condition in which it leaves the patient, and can readily understand that with such a state of the constitution any severe surgical operation is incompatible. But the boy improved ; the sores on his leg healed, the pain in the hip disappeared, the spasms of the flexor muscles passed away, but nature, as the process of reparation continued, also fastened even more tightly together the bones of the fractured leg, which, be it remembered, were united

when the patient entered the house, and he had been in the hospital, up to the time of which I write, nearly six weeks.

As the danger to life passed, the deformed and misshapened limb began to claim the attention it deserved, and which it should have received when the injury was first inflicted.

My first impression, and I believe that of those who saw him, was that amputation must be resorted to; but upon reflection, I thought that resection might be practiced, and upon conversation with my friend, Dr. Walker, (also a surgeon to the hospital,) it was agreed to attempt it.

On the second of March, being assisted by Dr. Vastine and Dr. Fellerer, and in the presence of several other medical gentlemen, having placed the boy upon the operating table, and brought him fully under the anæsthetic influence, I began the operation by dissecting from the protruding bones the mass of granulations; then beginning about five inches above the site of the fracture, I made a longitudinal incision along the spine of the tibia, and continued it three or four inches below the protruding bones; this incision was crossed at the centre by a second transverse cut, and the four flaps dissected up. Keeping the edge of the knife close to the bone, the aponeurosis of the *tibialis anticus* was divided, and the anterior tibial artery protected from injury. The ends of the bones were then sawn off, about two inches being taken away, and the bony adhesions of the fibula, which had united firmly with the shin-bone, were, with considerable force, refractured. The foot was then twisted back again, placed in its position, and fixed securely in a splint, leaving a space of two inches between the divided extremities of the bones, from which the ends had been removed. During the operation the hæmorrhage was not important, but when I visited the patient in the evening, there had been so profuse a discharge of blood, that I feared the teeth of the saw had wounded the anterior tibial artery. All dressing was therefore removed, but I found the bleeding to arise from the medullary canal. Compresses wetted with a solution of the *liquor Ferri-persulphatis* were applied, which after two days arrested the hæmorrhage. On the 5th of March, Dr. Walker saw the patient with me, and recommended the use of bran dressings. Accordingly the limb was placed in a fracture-box extension, made to keep the leg the proper length, and bran packed closely around it. This bran dressing was of the most serviceable nature—the leg was never moved from its position; the wound could be cleansed readily and as often as was necessary, could be examined at any time, and could receive the

benefits of the cold Calendula lotion, which was constantly applied. Moreover, as suppuration took place the pus was absorbed by the bran, which is formed into hard masses that were easily removed, and the place refilled with fresh material. On the 25th a sequestrum came away ; on the 27th the leg was taken out of the bran, the fracture-box cleansed, refilled and reapplied as before. On April the fourth, the whole apparatus was dispensed with, a slight splint applied on the inside of the leg and held in situ by adhesive strips. The boy was soon about the house, has *a leg of the same length* as the other, and though not quite so strong, there is every reason to believe, that with the perfect motion of the ankle which exists, the cure will ultimately be very perfect.—*North American Journal of Homœopathy*, Nov., 1865.

ANCIENT STATE OF SURGERY IN SCOTLAND.—When the surgeons of Edinburgh were, in 1505, incorporated, under the denomination of surgeons and barbers, it was required of them to be able to *read and write!* “to know anatomie, nature, and complexion of every member of humanis bodie, and lykwayes to know all vaynes of the samyn, that he may make flewbothmie in dew time ;” together with a perfect knowledge of shaving beards. These were all the qualifications that seemed necessary to the art of surgery, at the beginning of the sixteenth century. The practice of physic was, if possible, in a still more deplorable state.—*Campbell's Journey from Edinburgh to the Highlands*.

Materia Medica.

PHOSPHORUS.

Some suggestions in relation to the pathogenetic action of Phosphorus and its compounds, in health and disease.

BY E. M. HALE, M. D., PROF. OF MATERIA MEDICA, CHICAGO, ILLS.

Much has been written concerning *Phosphorus*. It is one of our most important remedial agents. But the method to be adopted in its administration may be said to be still an open question. The same may be said of the various preparations of that drug, namely : *Phosphoric acid*, the *Phosphates*, *Phosphites*, and *Hypophosphites*.

The principal part of the following paper was written several years ago, but the writer has not seen anything since to change his views materially on the subject.

First, in relation to the pathogenetic and curative action of pure *Phosphorus*.

In the consideration of this subject, there are certain pertinent questions which do not seem to have been thought of, or answered. Physiologists and chemists have only treated of two phases or conditions of the human system in relation to Phosphorus.

1. The uses of Phosphorus and its compounds when existing in a normal amount in the solids and fluids of the body.

2. The consequences of a deficiency of Phosphorus and the Phosphates in the body.

But there is another and equally important point to be investigated, and which appears to have been entirely and unaccountably overlooked, viz.:

What would be the consequences arising from an excess of Phosphorus and its compounds in the blood and tissues?

We are told that the presence of Phosphorus is necessary to preserve the integrity of the whole human organization. Without Phosphate of lime the bones soften and become liable to many diseases. Without Phosphate of potash the muscles lose their tenacity, etc. Phosphorus in some form must be present in the nerves, blood, flesh, and viscera, in order to maintain their integrity; its deprivation is sure to be followed by aberrations or lesions of vitality more or less severe. Deprived of this important constituent, the blood becomes impoverished, the nerves lose their vitality, and a general condition of exhaustion and wasting is sure to obtain.

But what if the contrary condition should exist? What if the blood contained an excess of the Phosphates? What if the nerves, bones, muscles, or any of the important viscera, should contain an excess of Phosphorus? Would there be no abnormal manifestations? no pathological states or peculiar conditions, as the result? I have looked in vain for an elucidation of these questions, but so far without any satisfactory result. No medical author with whom I am acquainted mentions this contingency; no work on pathology, physiology, or physiological chemistry, treats of this matter. They have only investigated and elucidated the consequences of its existence in a *normal* quantity in the body, and the conditions which arise from its diminution.

If its presence in normal quantities in the blood and tissues pro-

duce conditions of health and perfect vitality, and its *decrease* in the fluids and solids cause diseases characterized by wasting and deficient vitality, what would be the effect of its introduction in excessive quantities into the various organs, etc ?

If a *loss* of Phosphorus causes conditions of *asthenia*, would not its *excess* cause *sthenia* ? If its loss depresses, would its excess cause hyper-stimulation ? If a deficiency of Phosphorus in the blood causes phthisis, and deposit of tubercles, from deficient vitality, would not its excess in the blood set up inflammation in the pulmonary organs ?

We might go on propounding these queries to any extent, but will let these suffice for the present. But they are questions of great import, and must have a very important bearing, not only on the ætiology of disease, but upon the therapeutic value of Phosphorus and its preparations. Nor can we give any definite rules for the use of this remedy in disease, until these questions are answered.

Are these questions answered in any published work on disease or medicine ? So far as the literature of the allopathic school is concerned, they are *not*. But in the homœopathic annals may be found a *partial* answer to the questions above propounded. I allude to the "*provings*" of *Phosphorus* and *Phosphoric acid*, and the record of *their use in various diseases*.

If we separate the "curative" or clinical symptoms from the *actually pathogenetic* of these two proven drugs, we have left a pretty good picture of the conditions, symptoms, etc., caused by an *excess* of these natural constituents.

An excess of Phosphorus in the brain, lungs, liver, kidneys, etc., causes, first, hyper-stimulation of those organs, then inflammation and disorganization.

If we accept these natural propositions, the deductions which follow are of the utmost importance to the homœopathic physician.

1. In diseases arising from a deficiency of Phosphorus, it must be introduced into the system in the most assimilable form, and in sufficient (material) quantities to replace the waste which has taken place. In this case it is not given as a *medicine* purely, but as an *aliment*.

This I consider to be the case with all the mineral constituents of the organism. They all have a two-fold action on the growth and health of the body. In the one case they act in the system as food, and go to make up the elements of the tissues and organs, being distributed thereto through the medium of the circulation. In the other they act as medicinal agents, causing, when in excess, certain definite pathological states, which remain until the amount of mineral

becomes reduced to a normal standard. Or, when given in medicinal doses, i. e., atomic, they cure diseases and conditions which *resemble* the effects of such agent, when introduced into the circulation in excessive quantities.

And here must be drawn a careful distinction between the actual pathological state caused by a mineral, and the *similar* state which may be cured by that drug. Some of our would-be leaders, especially the "seceded" Dr. Peters, has fallen into this great error. Dr. Peters, in his monogram on apoplexy, recommends *Ferrum* in that disorder. He says, page 18, "*Ferrum* is the most important homœopathic remedy against *true* plethora and apoplexy." "Hence, because it is known to increase the quantity of blood-globules, as far as the pathology of the disease is a guide, it is *a*, or even *the* most homœopathic remedy to *true* arterial congestive apoplexy." This assertion I utterly deny. In view of this erroneous understanding of the homœopathic law, we cannot wonder that Dr. Peters should desert a practice which he so little understood. Such a treatment would be *isopathy*, not homœopathy. For congestive apoplexy is caused by a condition of the blood purely the *same* as that caused by large doses of Iron, viz.: an undue amount of iron in the blood, with an actual increase of the quantity of blood-globules, and a diminution of the water. It is in fact an iron-plethora, and should no more be treated with iron than *uræmic convulsions and uræmia should be treated with Urea or Ammonia*. (Lehman, from experiments which he instituted in Bright's disease and scarlatina, almost concludes that the symptoms of Uræmia arises from excess of *Ammonia* and *not Urea* in the blood. The same is asserted by Stannius. Frerichs comes to the same conclusion.)

An excess of *Lactic acid* in the blood is said to be the cause of rheumatism, yet no sane homœopathist would think of giving the most imponderable doses of *Lactic acid* in that disease. The treatment of true congestive plethora must be both chemical and dynamical. The abnormal amount of iron and globules in the blood must be reduced by proper regimen and the use of certain medicines, and the symptoms met by remedies which induce similar ones. (*Belladonna, Glonoine, Gelseminum*, etc.)

But there is a plethora for which *Ferrum* is *the* specific. I allude to *hydræmia*, a condition when all the symptoms, even to the extent of apoplexy (serous) are *similar* to those of real plethora, but in which the condition of the blood is the reverse. The watery parts of the blood are in excess, and the iron and globules deficient. Iron is

hore homœopathic, because it causes *similar* (not identical) symptoms.

To return to the consideration of Phosphorus: If we should meet with cases in which it was evident that the morbid condition was dependent upon an excess of that substance in the system, the remedy would *not* be *Phosphorus*, (as Dr. Peters would have it,) but some known chemical antidote, aided by remedies which meet the symptomatic indications. This leads us to my second proposition.

2. In diseases, or pathological conditions, which are *similar* to those caused by excess of Phosphorus in the system, (as developed by provings, accidental poisoning, saturation, etc.,) the proper homœopathic specific would be Phosphorus, in imponderable doses, in such a form as to be most readily and certainly introduced into the system, and brought into contact with the diseased tissues. In the stage of pneumonia, in which *Phosphorus* is most indicated as a perfectly homœopathic remedy, viz.: the second stage of inflammation, with great excitement, bloody sputa, &c., it should only be given in the smallest doses, as the 6th or 12th; but in the latter, or third stage, with so-called nervous symptoms, threatening paralysis of the lungs and purulent infiltration, rapid prostration, &c., it should be employed in more material doses, for here we have a diminution of Phosphorus in the system, and a consequent failing of the vital power. In such conditions, the first attenuation of *Phosphorus*, or what may be more efficient, the *Hypophosphite of Ammonia*, should be used freely.

In a careful study of the toxical or pathogenetic effects of *Phosphorus*, we find that all the symptoms of its primary effects are those of hyper-æsthenia, or hyper-stimulation, with their consequent conditions of irritation and inflammation. If these effects pass beyond a certain point, the tide turns, and we have failing of the nerve-force, prostration of vital power, collapse, disorganization and death. There are those who would not consider them as *secondary* symptoms of the poison, but as a state of *reaction* from over stimulation, such as occurs from the exhibition of enormous doses of *Quinine*, or follows the subsidence of acute pain. It does not materially matter which view is taken, the indications for the use of the medicine are the same, viz.: In those instances in which the symptoms and conditions simulate the primary effects of the drug, minute doses must be used, and, in those conditions which are similar to its secondary effects, (or reaction) larger and more ponderable doses are called for.

We must notice another important question which arises out of this subject, and which must be settled by pathological provings before we can decide it with any certainty.

Will Phosphoric and Hypo-phosphorous acids cause symptoms and conditions of hyper-æsthenia and inflammation? Or, will these *salts*, when given in excess, have the same effects as *Phosphorus*? The experiments of Dr. Churchill and others would seem to indicate that these *acids* and their *salts* are capable of setting up such action. But in our provings of *Phosphoric acid*, we do not meet with symptoms which simulate inflammation, or even hyper-æmia. In examining the records of the toxical effects of this compound of Phosphorus, we note that animals have been killed with each, but no mention is made of the pathological changes occurring.

We know from numerous and authentic observations, that *Phosphorus* has caused death, with inflammation of the stomach, lungs, liver and kidneys.

May it not be that the ultimate atoms of *Phosphorus* are of a peculiar irritating character, capable of lighting up inflammation in almost any organ to which they are carried, *before* oxydation changes them into the atoms of the various acids of that substance? In the present state of our knowledge, the following propositions may be considered as guides in its administration:

1. *Phosphorus*, when introduced into the circulation in an *unoxydized* state, causes active congestion, inflammation, &c., of certain organs and tissues of the body. (Conditions of excessive irritation and stimulation, especially of the nervous centers.)

2. In the homœopathic treatment of these conditions, we must administer *Phosphorus* in atomic doses, in an *unoxydized* state, in order that it shall reach the diseased tissues (if possible) in that condition.

3. Phosphoric and Hypo-phosphorous acid, and their salts, cause conditions of hyper-stimulation, congestions, etc., but not any actual *inflammation*, so far as we know. The exact extent of the pathological effects of these compounds remains to be determined by further symptomatic and physio-pathological provings.

4. We would not now be justified in using these compounds in active sthenia, congestions, inflammations, or excessive irritations of nervous tissues. In pneumonia, especially, they seem of doubtful utility, while they are undoubtly homœopathic to many morbid states, which are shadowed forth both in the provings of *Phosphorus* and *Phosphoric acid*.

5. Future experiments, provings and investigations must decide the difference between the pathological effects of pure *unoxydized Phosphorus*, and its *oxydized* compounds.

6. *Phosphoric* and *Hypophosphorus acids* and their compounds may be used extensively as chemico-physiological remedies. They act by replacing a loss of the phosphorized elements of the blood, and other fluids of the body, in the same way that Iron is used in certain conditions.

For the American Homœopathic Observer.

BOLETI.

Being desirous of making my forthcoming Monograph on the *Boleti* as exhaustive as possible, I respectfully ask every physician who has used the *Boleti* in disease, to send me the result of his experience with the remedy, by the first day of January, 1866. It will be published and due credit given to each contributor.

Lyons, Iowa, Box 234.

WM. H. BURT.

Book Notices, etc.

ON HIGH POTENCIES AND HOMŒOPATHICS, CLINICAL CASES AND OBSERVATIONS. By B. FINCKE, M. D., of Brooklyn, N. Y., with an appendix containing Hahnemann's original views and rules on the homœopathic dose, chronologically arranged. pp.132. Phil.: A. J. Tafel, 1865. \$1.25.

The book comprises reports of cases with high dilutions, and sundry observations. Dr. Fincke relates cures with the 71,000th centesimal potency! The mode of preparing these highly attenuated remedies he does not think proper to communicate to the profession, but promises to do so at a "proper time." In the meanwhile he proposes to call his preparations "*Fluxion Potencies*," puts them up in vials of 1000 pellets, fixes the price at \$8.00 per vial for the 71,000, "*invariably cash*," and appoints A. J. Tafel sole agent for their distribution. There may be merit in the work, and value in the medicines, but the homœopathic profession will not favor the *nostrum* idea.

The book needs an index as well as a special vocabulary, as there are a large number of words in the book that students will not find in any dictionary extant.

That our readers may have a correct idea of Dr. Fincke's style, we will reprint the first eighteen observations following his seventh series :

1. Homœopathic High Potencies as high as 71,000, are efficacious and curative.

2. The terminus and limit number of the efficaciousness of High Potencies is not reached yet at 71,000, and the question is still open.

3. High Potencies sometimes heal symptoms produced by lower Potencies.

4. High Potencies heal, sometimes, what lower ones did not.

5. High Potencies, as high as 71,000, are sufficient to cure by one single dose.

6. In these Higher Potencies the original substance from which they are started, is still discernable by the pathogenetic picture of the case cured, which picture is similar to the pathopoetic picture of the lower Potencies.

7. By comparing the susceptibility of the same person in the different states of health and disease, we arrive at the possibility of finding the dose commensurate in the given case.

8. With this view, measures should be taken to institute experiments upon certain persons all through their time of life, with regard to their ascendants and their medical history.

9. Arrangements should be made to collect the pathematic pictures so obtained, from time to time, in one common work, forming a *Comparative Materia Medica Pura*, and running perpetually from age to age.

10. The diseases described in the allopathic text books on Pathology, should be carefully examined into, as to their origin and complication, owing to allopathic medication. And such observations as are not pure and exact, should be rejected, in spite of all high authority.

11. Under treatment, frequently symptoms make their appearance, which belong to the pathopoetic action of the remedy applied, and such are acceptable as pathopoetic symptoms available for cure.

12. Pathogenetic symptoms cured by one single remedy without interference of any other remedial agent, may be considered as equivalent to pathopoetic symptoms, and as available for cure.

13. The Provings and the Clinics, including the aggravations observed during treatment with High Potencies, taken together, prove, when compared, the correctness of each other.

14. The action of Homœopathic High Potencies is in no way explainable by the so-called Humoral Pathology, the quantities concerned being too fine and too little, as to be proportionable to the elements of the lymph and blood and their constituents.

15. The nervous system offers a possibility of finding a rationale for the action of Homœopathic High Potencies upon the organism.

16. Many analogies from Physiology and Pathology point to the manner in which Homœopathic High Potencies may act upon the organism.

For instance, we know, that the slightest impression upon the skin is conveyed to the brain and occasions an impression there, which is accepted to be mediated only by the nervous system. The slightest and least amount of olfactory matter is perceived by the expansion of

the olfactory nerve upon the mucous membrane of the nose, and transferred to the brain by the nerve mentioned. The least ray of light causes intolerable pain in strumous ophthalmia. In the ear of our venerable colleague, Aegidi* a flock of cotton was sufficient to prevent a train of serious perturbations of health bordering on apoplexy. The wine-taster can, on his tongue, distinguish a certain taste among different wines. Chemical changes in the bowels are perceived as pain, by the nerves distributed to them. Thoughts uttered in speech or writing by a distant individual, perhaps distant by centuries and death, enter the brain and work accordant changes, certainly not by means of the bones or muscles, but by means of the nervous system. Miasms, unapt to be isolated and so detected, affect the body and change its healthy into a morbid state, by the medium of the nervous system.

17. Physiology abounds with instances of chemical actions in the organism modified by nervous influence. And in the face of these facts the nervous system must be considered to be the government of the union of the organism, for its self-preservation and enjoyment, as a little Republic or Microcosm.

18. As other agencies of similar nature, and as the so called Imponderabilia (in reality High Potencies of Nature), Heat, Light, Electricity, Galvanism, Magnetism, Mechanical and Chemical Action, and Physical and Organical Action withal, act upon the human organism; so the Homœopathic High Potencies themselves affect the organism equally in Hygiopoesis and Pathopoesis.

GEOMETRY OF VITAL FORCES, by F. VANDERBURGH, M. D., New York. Charles T. Hurlburt, 437 Broome St., N. Y.

When we took up this book to read, we were surprised at some of the statements made at the commencement. As we proceeded we became satisfied that we were not competent to do it justice, and, therefore, sent to a Professor in one of our Colleges. He now favors us with the following review.

Should Dr. V. consider that he has been misunderstood, our pages will be open to him for explanations.

When King Solomon said that of making many books there is no end, he must have seen with a prophetic eye this period of the nineteenth century, in which the almost omnipotent and omnipresent press, is pouring its ceaseless and countless tide of books upon the people. But when Solomon said there is nothing new under the sun, he must have been unconscious of the possible existence of such a mind as that of Dr. Vanderburgh's. Not wishing to cast a doubt upon the truth of inspiration, and yet fully persuaded that the book before us is most certainly a new thing, philosophically speaking, we

* Allg. Hom. Zeit., Vol. 65, p. 122.

must *ex necessitate* conclude, that Solomon was speaking historically, rather than prophetically, when he thus summarily upset the fond schemes of all novelty mongers.

If any man ever doubted that words were invented for the purpose of concealing thought, he has only to send a small remittance to the publisher of this book, and get a copy of *The Geometry of Vital Forces*, and after reading any two consecutive pages, he will be convinced that whatever words may have been originally invented for, they can be used for just such an absurd purpose.

If we had such a system as *Psychological-Surgery*, we would suggest that this work be placed in the hands of some practitioner of the art; for it is manifestly laboring under the effects of a morbid state, known as "the solution of the continuity of the parts." The mind of the reader is often led very clearly and comprehensively along the channels of some single thought, hardly in any instance more than half a paragraph, to be suddenly and abruptly capsized into some most incomprehensible, vague and apparently absurd philosophical reasoning, which has no connection with what precedes it, except as a matter of sequence.

The author states, however, that he has had but eight weeks to devote to the subject. Whether he means that he has studied it only eight weeks, (which seems the more likely of the two,) or that he has produced the work before us in that brief time, we know not. But he seems to account for the want of "continuity," by the amount of "condensation." And to our mind, it is so thoroughly condensed in most of its statements, as to be perfectly opaque and incomprehensible.

Never having had a taste for the higher mathematics, it may be easy to account for the great difficulty we have experienced in apprehending the drift of the author's arguments. Nevertheless, we have ventured to note down a few points, which we understand to be the object aimed at by the Doctor.

Every atom revolves on an eccentric axis.

The specific gravity of an atom is lost in its revolutions.

Oxygen, Hydrogen, Nitrogen and Carbon, constitute the greater part of the universe; and the atoms of each being an expression of a rotary force, they are, therefore, "the four primary forces of nature."

Oxygen, according to Dr. V., has the greatest specific gravity; and consequently it has the greatest rotary force; and it, therefore, follows, that of these forces, Oxygen is as much greater, proportionately, as 16 is greater than 1, or 14, or 6.

The motion of any mass, is the sum of the motion of its atoms.

Every atom revolving on an eccentric axis, causes every mass to move in a curvilinear form.

Sir Isaac Newton taught that gravitation causes the revolution of the heavenly bodies. Dr. Vanderburgh teaches that their revolution is due to the rotation of their atoms.

The foregoing doctrines are brought forward, and applied to a solution of "the problems of life," as our author claims, in a very complete and satisfactory manner. But so incomprehensible is much of the work, that it is very possible we may have misapprehended the Doctor's meaning; and it may be true, that he teaches none of the above points.

If any of our readers should find any such difficulties as we have experienced in perusing the book, they will find the key to our final success on page 51. Says the author: "Every scientific work which treats of life, demonstrates the nervous system centripetally; and every work thus written, must be read backward to be understood by the reader."

Applying this rule to the Geometry of Vital Forces, the reader is left to judge if Dr. V. has not really written everything backward, and means just the opposite of what he says.

If we have apprehended the author's ideas, and have made a plain statement of them, the query comes up, why did he not choose equally simple language, and not wrap up his thoughts in such obscure wording?

But we are happy to say, that in the book are many beautiful thoughts, elegantly and clearly expressed. There is, in much of it, a force of language few authors have the power to use. At random we may specify pages 6, 7 and 8; also pages 43, 44 and 45. The same is true of passages on many other pages. But the height of absurdity is reached on page 33.

Dr. Vanderburgh is evidently a strong thinker. His work is to the reader much more suggestive, than explanatory of thought. It well repays perusal both for what it is, and for what it attempts to be.

THE (BRITISH) MONTHLY HOMŒOPATHIC REVIEW. Published by Henry Turner & Co., London, England, also by E. A. Lodge, 166 Woodward Avenue, Detroit. \$4 per year.

Dr. Bayes and A. C. Pope, Esq., have been associated with Dr. Ryan in the Editorial department. November number contains:—

The Medical Schools. The Introductory Addresses at the Commencement of the Medical Session, 1865-66.—Cholera. On the duty of Presenting Petitions to the Privy Council and Parliament. By

Frederick Smith, Esq.—The Pathology and Treatment of Colic in Horses. By W. C. Lord, Esq., F. R. P. S.—A Few Practical Remarks on the Use of Carbolic Acid, and of Phytolacca Decandra and P. Octandra in Diphtheria. By Dr. Bayes.—Observations on the Pathology and Treatment of Asiatic Cholera. By Thomas Wilson, M. D.—Case of Attempted Poisoning by Laudanum, cured by Belladonna. By A. C. Clifton, Esq.—A Case of Chronic Bronchitis and Traumatic Corneitis. By J. H. Nankivell, Esq.—REVIEW: The Hahnemannian Monthly.—NOTABILIA: Northern Homœopathic Medical Association. An Allopathic Surgeon huffed by the "Times." The Cattle Plague Commission Cholera in Naples. Introductorics of Old. Obituary: Dr. Joseph Hewitt. Books Received. To Correspondents.

The new volume of the *Review* will commence in January, and we hope the number of its American readers will be largely increased. The *Review* is conducted by able Editors, and well merits more attention from American homœopaths than it is now receiving.

THE WESTERN HOMŒOPATHIC OBSERVER. Published by Dr. H. C. G. Luyties, St. Louis. Octavo, 20 pages per month. \$1,50 per year.

We are in receipt of the first number of the third volume of this Monthly. It has been very well conducted heretofore by W. TOD HELMUTH, M. D. He has now associated with him G. S. WALKER, M. D., Prof. of Obstetrics and Diseases of Women and Children in the Homœopathic College of Missouri; and it will doubtless continue to be interesting. The Nov. number contains an article by Prof. Walker, "Experiences with High Dilutions"—"Thoughts on Allopathic Therapeutics"—A reply to Prof. Lippe's attack of "Helmuth on Diphtheria," by "Junius"—Proceedings of the St. Louis Homœopathic Medical Society, at which the experience of several physicians in the treatment of cholera was related.

ANNUAL DIRECTORY OF HOMŒOPATHIC PHYSICIANS, COLLEGES, SOCIETIES, HOSPITALS, PHARMACIES AND PUBLISHING HOUSES.

Dr. JOHN B. HALL, of Cleveland, promises to issue this work by the 1st of January, 1866. We hope the physicians will enable him to print a correct list, as there is a great need of such a publication. We have had no Homœopathic Directory since that of Dr. HENRY M. SMITH, issued in New York some ten years ago. Dr. Luyties, of St. Louis, Dr. James, of Philadelphia, and ourselves have all been engaged in collecting material for such a work; but if Dr. Hall's Directory shall be at all complete or satisfactory, the other projects will no doubt be abandoned.

MEDICAL POMPOSITY, OR THE DOCTOR'S DREAM. A Poem. By WM TOD HELMUTH, M. D. Octavo, 25 cents.

We have prevailed upon the author of the above to allow us to publish the entire poem, a part of which was, by especial request, repeated at the banquet given by the homœopathic physicians of Cincinnati, in honor of the re-organization of the American Institute, in June, 1865.

The lines abound in wit and satire upon the Medical Profession of this country, and wherever they have been produced, have been invariably received with great eclat.

The correspondent of the *American Homœopathic Observer*, in detailing the proceedings of the Institute, speaks of them in the highest possible terms. The Publisher has endeavored to do his part, in presenting the verses to the Profession in handsome style, and trusts that the publication will meet with a flattering reception.

The poem by Prof. W. Tod Helmuth is now ready for delivery, and we shall take great pleasure in presenting a copy, free of postage, to all of our subscribers who pay for the *Observer* before the first of February.

THE AMERICAN HOMŒOPATHIC REVIEW.

The November number contains an article on Dysentery, by F. G. Œhme, M. D., a paper by Carroll Dunham, M. D., on the Attenuation of Remedies, and another on Bryonia by the same, with Clinical Observations, by W. Gallupe, M. D., and C. Schæfer, M. D., also several miscellaneous articles.

THE CHOLERA.

Carroll Dunham, M. D., one of the Editors of the "*American Homœopathic Review*," is contributing to the New York "*Independent*" a series of excellent articles on cholera.

AMERICAN HOMŒOPATHIST.—Charles Cropper, M. D., will have associated with him hereafter in the Editorial department, the Faculty of Cleveland Homœopathic College.

THE HAHNEMANNIAN.—The last issues contain some excellent articles

Reserved for Notice Hereafter.

ADDRESS before the Homœopathic Medical Society of the State of New York, delivered May 10, 1865, by the President, Henry D. Paine, M. D., of New York.

Dr. CULLIS' HOME FOR INCURABLE CONSUMPTIVES.—First Annual Report will be noticed in February number.

Personal Notices.

Burt.—W. H. Burt, M. D., is now preparing a work on the *Boleti*.

Guernsey.—H. N. Guernsey, M. D., Professor of Obstetrics in the Philadelphia Homœopathic College, is the author of a complete work on Parturition and the Diseases of Females and Children, now in press. Will be published by F. E. Boericke, Philadelphia.

Hale.—Dr. E. M. Hale writes : " My health is improving, so much so that if I get no relapse before the first of January, I shall try to deliver my regular course of lectures. Whether I can endure to give five lectures a week is somewhat in doubt. I am receiving, nearly every day, some clinical facts relating to New Remedies."

W. H. Holcombe, M. D., E. M. Hale, M. D., W. Tod Helmuth, M. D.

POETRY.—We find in the "*American Presbyterian*," some very beautiful verses, by W. H. Holcombe—" *The Mystic Union*." From some expressions in them we suppose they were written by our friend W. H. HOLCOMBE, M. D. In the "*Western Railroad Gazette*," we see a very good poem of some hundred lines, by E. M. HALE, M. D.; and we have now in press a more extended composition—" *The Doctor's Dream* "—written in a vein of satire and good humor combined, by W. TOD HELMUTH, M. D.

Lowe.—In the report of Massachusetts Homœopathic Medical Society, in November No., the name of Lewis G. Lowe, M. D., of Bridgewater, Mass., was printed Howe, by mistake of the Boston paper from which the report was taken.

Olmsted.—C. C. OLMSTED, M. D., of Painesville, Ohio, retires from practice on account of impaired health. The Doctor is an excellent physician, and we hope that he will soon be engaged in city practice.

Webster.—H. D. L. WEBSTER, M. D., lately of Elyria, Ohio, succeeds Dr. Olmsted at Painesville, Ohio. We wish him every success.

Our Colleges.

HOMŒOPATHIC COLLEGE. (CANADA EAST.)

An Association having been incorporated by act of Parliament, and empowered to establish a College in Montreal, where regular courses of lectures shall be given on the principles and practice of medicine and the *Materia Medica*, according to the doctrines of hom-

œopathy, to such persons as have received, or are receiving, instructions in all other branches of medical education, notice is hereby given that such courses will be commenced in this city on the second Monday of November, in the Homœopathic Dispensary, 112 Great St. James Street.

Gentlemen wishing to attend the classes will please communicate with the Secretary, or with Dr. Wanless.

CANDIDATES FOR EXAMINATION.

Individuals desiring to appear before the Board of Examiners to obtain a Homœopathic license to practice Physic, Surgery and Midwifery in Canada, may apply to either of the above named gentlemen. Candidates who pass this examination can obtain the Governor General's license.

Montreal, October 9.

HOMŒOPATHY.—During the present year the Legislature of this Province has incorporated a Society called the Montreal Homœopathic Association. This Society is empowered to establish a dispensary, a hospital, a college to give instructions in the principles and practice of medicine and the *Materia Medica*, according to the teachings of Homœopathy. The Association is also empowered to appoint examiners to examine for license, and to grant certificates to such persons as may apply, who give proof of fitness. The Secretary of the Association is Mr. F. E. Grafton, of Montreal. John Wanless, M. D., is one of the Professors of the College. The dispensary is in operation, and lectures in connection with the College will be given during the winter.—*Toronto Globe*.

Our Colleges at New York, Philadelphia, Cleveland, Chicago and St. Louis, have all classes larger this session than last. We expect some interesting reports for the February number.

Obituary.

Walker.—We are much grieved to hear of the death of ABEL H. WALKER, M. D., of Pontiac. He died on Wednesday morning, Nov. 29, 1865, of fever, of a malignant type, after only a week's illness. At the time of his death he was 26 years of age. For the past six years he had been associated in practice with his father, A. Walker, M. D.

A skillful physician, an estimable citizen, a genial companion, a consistent christian, his early departure will be regretted by a multitude of friends. He has left a wife and one child. May the "Great Physician" administer to them abundant consolation.

Practice of Medicine.

For the American Homœopathic Observer.

EXTERNAL DIPHTHERIA.

BY J. C. PETERSON, M. D., UNION SPRINGS, N. Y.

CAROLINE SCHANCK, aged 21 months, a bright, precocious child, with light hair and of a scrofulous diathesis, was attacked with simple Eczema, developing about the face, neck and back. I visited her on the 22d of October and gave *Graph.*³⁰, a dose every four hours.

On the 23d she was seen by my father. The eruption had become confluent under the chin, and had taken on a diphtheritic phase, illustrated by the formation of the membrane over the eruptive surface. Some slight fever, tongue coated white, and thickly so, breath foetid, one nostril inflamed, bowels inclined to diarrhœa, no appetite, restless, considerable gastric disturbance, manifested by vomiting of what little food she took. He prescribed *Ars.*³ and *Canth.*³, alternately, a dose every two hours. He continued his visits on the 24th, 25th and 26th.

On the 28th I again visited her, and found the neck in a bad condition. The parts swollen, and the entire surface, from nearly ear to ear, covered with the diphtheritic membrane. Also a patch at the lower part of the lumbar region. Throat slightly red internally, but no trace of any membrane. General symptoms as before described. Prescribed locally a very weak lotion of *Iodine*, and gave *Rhus. tox.* and *Arsenicum*, alternately, a dose every two hours.

On the 29th she was about the same, with the exception that the throat looked better. Continued treatment.

Oct. 30th. Some general improvement. Continued *Ars.*³, and local application.

Nov. 1st. Not so well. Glands of neck swollen, and more heat about the parts. Gave *Ars.*³ and *Mer. protoiodide*², and locally the same, with the addition of *Hamamelis*.

On the 2d Dr. H. Robinson Jr., of Auburn, met me in consultation. He diagnosed the case with me as diphtheria externally, and prognosed a favorable result, provided it did not go in upon the

internal organs. He advised a lotion of *Hydrastis canad.* and internally *Ars.*³ and *Rhus. tox.*³.

On the 3d inst. she was about the same. No symptoms showing themselves that would lead us to expect a fatal termination. Dr. Lansing Briggs, an eminent allopathic physician, Dr. Eddy, of Geneva, a homœopath, and Dr. Robinson saw her. Prognosis as before. Treatment continued.

On the night of the 3d I remained with her till 3 A. M., when I went to bed and her father took my place at the bedside. At this time no unpleasant symptoms had developed. In about two hours I was called up and found her pulseless, hands and arms cold, feet and legs warm. She died without a struggle in about half an hour, possessing her senses to the last.

How shall we account for her death? It was not exhaustion. The external neck for three days had been improving. Her organs of respiration were not implicated. Her bowels and stomach were normal. I have thought a diphtheritic clot might have formed either in the heart or aorta. (?)

The cutaneous form of diphtheria is illustrated in the British and Foreign Medical Review. A man being treated for sub-acute bronchitis, had mustard poultices applied upon the calves of his legs. They blistered. The physician's attention being directed to this part, a few days after, on account of much inflammatory action and pain, he, upon examination, found diphtheria developed over the entire blistered surface, and producing all the constitutional symptoms. His patient was treated with *Perchloride of Iron*, both externally and internally, and recovered. In former days I used the *Sesqui-chloride of Iron* locally, with good success. I shall in my next case use *Iron*.

Greenhow, on diphtheria, says, That an abnormal condition of the heart has been found in several cases that were examined. I notice that the heart has been found diseased in every case where the heart was examined. In some, clots were found, in others, patches in the different cavities of the heart, and the muscular structure of the heart altered. In the autopsy of a girl aged 13, ill for seven days, the heart was found: "Its external surface presented numerous petechial spots, and its cavities contained partly decolorized coagula." In another: "Almost all the muscoli papillares and carneæ columnæ of the left ventricle, and the walls of the apical half, in nearly their whole, and to a depth varying irregularly from a quarter of an *inch downwards*, were almost black from sanguineous infiltration

The same condition was observed in the right ventricle : thick and some dotted with white spots and patches."

This form of diphtheria is rare, and I have no doubt that if the child had not had the denuded cuticle, the disease would have developed upon its proper organ, the mucous membrane.

The Editor of the *American Journal of Medical Sciences*, in reviewing Greenhow, Slade and Thayer on diphtheria, says :

"Death in diphtheria is in one class of cases preceded by all the symptoms of collapse occurring in cases of fatal gangrene, or by a profuse hæmorrhage. Usually death is caused by entire exhaustion of the powers of life by the violence or very protracted course of the disease, or the fatal event is preceded by syncope. In other instances death results from the extension of the diphtheritic deposit from the throat into the larynx, presenting thus a mechanical obstruction to respiration. The sudden deaths attributed to exhaustion of the powers of life, there is reason to believe, result, in some instances at least, from the formation of heart clots. This is especially the case in those instances of sudden death that occur in patients who had presented no alarming symptoms up to the period of their demise, or at a period of the disease when the patient was, to all appearances, out of danger."

I have no doubt but that many cases of sudden death result from the formation of the heart clot. When we can assign no other cause, it must result from this, or as suggested by Dr. Hale, "By the poison impinging upon some vital point in the nervous centers, and kill like Hydrocyanic acid."

I have lately given considerable attention to the subject of diphtheria, and the more I study it the more do I desire to avoid the disease in practice. In fact, the form of it that appears in this section of the country, baffles our skill by its sublime insidiousness. When I wrote on this subject for the *North American Journal*, in February 1861, I then laid down a treatment that was always successful. Now, with the additions of *Bromine*, *Kali hyd.*, *Biniodide Merc.*, &c., cases die when we think them out of danger.

For American Homœopathic Observer.

GELSEMINUM—ITS SEDATIVE EFFECTS.

BY A. B. SPINNEY, M. D.

An article in the Nov. number of the *American Homœopathic Observer* on the sedative effects of Gelseminum in Hysteria, reminded me of the effects I have witnessed with the same remedy, when all

other drugs failed. I have for a long time depended upon *Gelsemium* in various forms of fevers, congestions and nervous excitement, with increased arterial action. But never until very lately had I learned to depend upon it in cases of nervous prostration, with loss of blood and vitality, absence of fever, slow, intermittent pulse. My past experience warrants me in saying that I think it more potent in soothing the nervous system and equalizing the circulation, than any other remedy.

CASE 1st.—M. M., nervous-bilious temperament predominant. Came to my office at 8 A. M., with low, slow, intermittent pulse, slightly furred tongue, wild protruded eye, and dilated pupil. He requested me to take him under my care, and said he had been drinking hard for two or three weeks; was unable to take stimulants any longer as his stomach rejected everything, even water; that he had passed a sleepless night, and felt as though he would soon be delirious unless I could prevent it. I gave him *Nux.*³, and *Antimonium c.*³. Saw him again in two hours. No better; beginning to be slightly delirious. Prescribed *Coffea* and *Bell.*

Saw him again in the evening. No better. Staid with him during the night, and gave *China*, *Rhus.*, *Aconite*, *Ignatia*, *Nux.*, *Stramonium*, &c. During the night he was delirious at intervals, with twitching of the muscles, and cramping of the extremities, pulse hardly perceptible at times, faintness, with vomiting of everything that was taken, except champagne, which I was obliged to give twice.

About thirty-six hours after my first prescription, I gave *Gelsemium*, drop doses of tincture, once an hour. The second dose produced sleep, and the vomiting ceased. Rested well during the next night, and by taking a dose once in four hours, he was enabled to attend to business in less than forty-eight hours, without stimulants or any other medicine.

CASE 2d.—Mrs. H., age 36, was attacked at 2 A. M. with menorrhagia, being the third attack. I reached the patient's bedside at 4 A. M. Found the flooding checked with tampon, and the patient under the influence of Morphine, used by another physician, who gave the case into my hands. I prescribed *Arnica* and *China* in alternation; removed the tampon and gave injections of *Hamamelis*. No more return of hæmorrhage, but low, quick, intermittent pulse, cold extremities, restless, tossing of the hands, and vomiting up of everything that was taken into the stomach. I gave *Coffea*, *Arsenicum*, *Ipecac*, *Cham.*, *Nux.*, *Podoph.* and *Cimicifugin*, but no relief to the intolerable nausea and extreme restlessness. At 3 P. M., I gave

Gelseminum, drop dose once in fifteen minutes. Before time to give the fourth dose, she was quietly resting, with no return of nausea or vomiting. Slept well during the night, and the next morning was doing so well, that with *China* and *Secale* to prevent return of hæmorrhage, I dismissed the case. There was a steady improvement and no relapse,

For the American Homœopathic Observer.

ATROPINE IN DISEASE OF THE EYE.

BY S. W. GREEN, M. D.

Miss. D., aged thirty-five, nervous-sanguine temperament, large mental, moral and perceptive faculties. She considers herself well in every respect except her eyes, which have been weak from childhood, and injured by too close application to study.

From family troubles she experienced extreme depression of spirits, and what she termed "a gone and sinking sensation at the pit of the stomach," with perfect loathing of food. After a few day's suffering in this way, the above symptoms subsided, and the following of the eyes supervened: Extreme intolerance of light, with burning and smarting only as the light strikes them, like that of an old sore deep seated in the eye; burning sensation in the right side of the face. The back part of the head feels sore; slight tenderness from pressure upon the eyes, vision clear and distinct, no injection of the conjunctives or external appearance of inflammation. Has had homœopathic treatment with good success, but after coming to this climate suffered a relapse more severe than the first attack. Since this the remedies formerly used were of no avail. I prescribed *Atropine*³, which enabled her in a few weeks to do ordinary housework. At the present time her eyes are quite well.

For American Homœopathic Observer.

THE HYPOPHOSPHITES IN CONSUMPTION.

BY E. M. HALE, M. D., PROF. OF MATERIA MEDICA, &C.

At one time medical men were quite excited on the idea that these preparations would prove curative in consumption. With but few exceptions the allopathic school have not found them useful. But the enormous doses in which they have used them, may be one reason for the failure. Dr. Churchill himself admits that they may do injury by aggravating certain symptoms of the malady, as hæmoptysis, purulent expectoration, inflammation, etc. It is a suggestive fact that the *alkaline bases* of these preparations are the very medicines which

have been found most useful in the homœopathic school in the treatment of phthisis.

Thus, BECKER found *Calc. c.* (lime) curative in eight cases, and *Kali. carb.* (potash) in six cases. *Lycopodium* and *Sulphur* cured in his practice, the former twelve, the latter thirteen cases. I throw out *Stannum*, which can only cure bronchial catarrh, etc.

HITCHMAN cured with *Sulphur* fifty-three cases, *Digitalis* eighty-seven (?) while *Calc. c.* cured forty-eight, and *Kali. carb.* forty-six.

Phosphorus has always been with us one of our greatest remedies in the treatment of consumption. Becker found it curative in six cases, and Hitchman in sixty-six. The latter also used *Phosphoric acid* successfully in thirty-two cases. ERPS considers *Calc. c.* and *Kali. carb.* very useful. Bonninghausen, the great master of Symptomatology, considers *Kali. carb.* to be the greatest of all remedies in the treatment of this malady, and asserts that he once cured a case "in the last stage of marasmus," with the 2000th potency!! He considers that "in this medicine he finds the real physiognomy of the disease." He regards this remedy as the first in the treatment of consumption.

The chemical school contend that in this disease there is a deficiency of Lime, Soda, Potash, etc., while the disciples of Hahnemann contend as strenuously that these remedies act dynamically. Both may be right. Iron acts by supplying a deficiency in the blood, of that metal, but it also acts dynamically (secondarily) upon the nerves and other tissues. *Phosphorus* may also act in a double manner.

Cholera.—Ice Treatment.

In a letter to the London Times, Dr. John Chapman gives an interesting account of the result of his treatment of cholera patients at Southampton, by the application of ice-bags to the spine. He states the points of his theory as follows:

That the nausea, vomiting, copious discharge of the well known rice water stools, cold sweats and peculiar odor from the body, are due to the combined action of the hyperæmic spinal cord and sympathetic nervous centers, in the same manner as they induce phenomena of the like kind, though less in degree, in cases of summer diarrhœa, and of sea-sickness when it is accompanied with diarrhœa.

That cholera is neither contagious nor infectious in any sense *whatever*, except through the depressing influence of fear.

That cholera may be completely averted, and, when developed, cured by modifying the temperature of the spinal region.

After detailing the symptoms of two cases of cholera which fell under his observation, Dr. Chapman offers the following suggestion for the use of the ice-bag :

1. The cold must be applied along only a narrow strip—not more than four inches broad in the adult—down the very centre of the back.

2. The cold must be dry, not wet cold.

3. The ice bag should be continued along the whole spine only until the cramps and algide (cold) symptoms have been subdued.

4. The ice bag should be continued to be applied to the lower half of the spine until vomiting and purging cease.

5. The patient should be assiduously watched, to guard, in the stage of reaction, against cerebral or pulmonary congestions, the development of which will be facilitated by continuing the ice too long in the cervical and dorsal region.

6. If such congestions occur, they will be denoted by heaviness, incoherence, wandering, and by laborious breathing, and may be subdued by applying the double columned water bag, at a temperature of one hundred and twenty degrees, along the lower part of the neck and between the scapulæ.

7. If it be necessary to induce sleep this may be done by the same bag applied in the same way.

For the American Homeopathic Observer;

ANTEVERSION SIMULATING HEART DISEASE.

BY H. B. VAN NORMAN, M. D.

A married lady came into my office some three months since, and wished me to treat her for heart disease. She said she had been treated by several old school physicians for the last two years, with no relief whatever. They all decided that she had organic disease of the heart, and was liable to die at any moment.

She was about thirty years of age, of a sanguine temperament, the mother of three children, the youngest about eight. On asking about her sensations, she said, "*I feel as if I would like to stop breathing for a short time to rest.*" There was a great deal of pain in the region of the heart, and it was with great difficulty that she could take a deep inspiration, and she had not breathed without pain for about two years. The least exertion or excitement would produce palpitation, and to use her own language, her heart would turn over

frequently, and it would be difficult for her to breathe. The pulse would intermit about once in from twenty to forty beats, otherwise good. She had some pain in her head, chest, back and limbs, and also across the hips. Appetite good, and but a few dyspeptic symptoms; bowels constipated, only moving about every fourth day; frequent desire to urinate. She could walk but a short distance without increasing the pain in her heart and back, and feeling faint and out of breath; menses regular as to time, but distressing dysmenorrhœa.

I prescribed *Digitilis purpurea*³ and *Bryonia alba*³, three drops, in alternation, every three hours during the day.

Some two weeks after I was called to the bedside of my patient, who was in great distress; every symptom aggravated to the highest degree, and besides, full, bounding pulse, and tongue loaded with a dark brown coating. Fears were now entertained of her recovery, by both friends, and those who knew her previous history. I thought things looked a little bad, but thanks to the discoverer of "*Similia similibus curantur*"—the immortal Hahnemann, and according to his teaching, I prescribed *Aconite*³ and *Belladonna*³, ten drops in half a tumbler of water, a teaspoonful to be given every half hour until relieved.

For forty-eight hours she remained about the same, and I continued the same medicines, when the fever yielded, and a profuse perspiration followed. In a few days she was convalescent, except the heart difficulty, which appeared as before. On a thorough examination of the case I told my patient that it was my decided opinion that her heart disease was merely sympathetic, and was caused by a displacement of the womb. She could not consent to an examination for several days. When the speculum was introduced, I found the womb much larger than natural, hard and lying across the pelvis. The os uteri rested upon the rectum, on a level with the fundus, which was tilted forward, making a complete anteversion. I could only reach the os by pressing up and back upon the fundus, and then it would fall back again. So with my finger it was impossible to rectify the displacement. The speculum disclosed nothing of importance, excepting a slight ulceration of the os and cervix uteri. I made an effort (through the speculum, for I think this the best and quickest plan) to introduce the uterine sound for about an hour, but failed entirely. I prescribed *Belladonna*³, and *Pulsatilla*³, three pellets every three hours in alternation, for four days, with a dose of *Sepia* at night.

On the fourth day I succeeded in a few minutes in passing through

the *os internum* and lifting up the fundus, to my great satisfaction and my patients relief.

For a week I kept her on the same medicines with good results, for all the symptoms gradually yielded, and my patient began to have hopes of once more being well.

The second week I gave *Nux.* instead of *Bell.*, her bowels being constipated, and also ordered a cold sitz bath every morning. The third week her courses came on, aggravating the symptoms somewhat; but there was less pain than usual during her monthly sickness. Medicine the same.

The fourth week there was a decided improvement, and she began to sit up. Continued sitz bath which the week previous had to be dispensed with on account of the menses. Medicine, a dose of *Nux.*, *Puls.* and *Sepia*, each a day. I continued the same treatment the fifth week, and allowed her to walk and ride out. She was discharged cured very soon afterwards, with hardly an ache or a pain.

I used *Ambra grisea* in this case occasionally to quiet her nervousness. I have met my patient frequently since her recovery, and she is inclined to laugh at my mode of treating heart disease.

For the American Homeopathic Observer.

ÆSCULUS IN HÆMORRHOIDS.

BY DR. T. C. DUNCAN.

April 3d, 1865, Mr. F., æt 28, musculo-bilious temperament, a fireman, is suffering with the following marked symptoms :

An intolerable, burning, itching, stinging pain, with a feeling of fullness at the anus. These are not present only during motion. They are brought on by walking a few blocks, when they increase in violence, obliging him to rub and press upon the anus or sit down. His bowels, though inclined to be costive, move regularly once daily. Appetite good, and he feels perfectly well, except during motion. These symptoms have annoyed him for about three years; prior to that time he enjoyed good health. His countenance is now pale and haggard.

Close examination revealed no hæmorrhoidal tumors obstructing the rectum, but the mucous membrane was rather highly injected, and the sphincter ani unduly constricted. I prescribed *Nux vomica*³, four pellets to be taken every two hours.

8th. Bowels less costive, but the other symptoms remain the same. *Nux*³ as before.

11th. No better. *Hamamelis*³, to be taken in the same manner.

May 11. No improvement. While taking the last remedy his bowels moved freely, and the other symptoms were somewhat relieved. But for the last three weeks he has been worse than before.

While making a proving of the *Æsculus hipp.*, all of these symptoms were present in a very marked manner, which led me to conclude that this remedy was homœopathic to the case. Accordingly I prescribed *Æsculus hipp.*³, four pellets to be taken every two hours.

26th. Much improved. He feels the symptoms only occasionally. *Æsculus hipp.*³ as before.

June 13th. Reports himself entirely relieved.

Nov. 28th. Has had no return of the symptoms. Feels like a new man.

In true hæmorrhoids I find it much better for the "blind" than for the "bleeding" ones.

For the American Homœopathic Observer.

A CASE OF TUMOR.

BY C. H. LEE, M. D.

Mr. C., a stout, healthy man. A few years ago a small piece of hot cinder or scale of iron flew into his face, near the left eye. He did not succeed in extracting it, and it became imbedded in the flesh. As it healed over, a small tumor the size of a hazel nut became apparent, and very troublesome. About every two weeks it moved around the eye, starting at the left inner canthus, going up above, and along the eyebrow to the temple, then along the lower eyelid to the place it started from, then the tumor would disappear. In two weeks it would re-appear, rising up, and taking the same course again. It was red and hot, but not painful except when the tumor moved. The sight was rather dim. He applied to several allopathic physicians, who proposed extirpation.

He came to my office on the 26th of April, 1865, and gave me the above statement, and said that he did not want to have it cut out. I gave him sixteen powders of *Arnica*⁶, to be taken night and morning. Before he had taken six of the powders the tumor was on the temple, and he noticed it was getting less. By the time the medicine was all taken the tumor was dispersed, and has not re-appeared. I see the man frequently. He told me a few days ago that he has not felt the least incumbrance from it since.

FACIAL NEURALGIA.—Dr. Ernst F. Hoffman uses *Atropia valerianus*. We hope he will send us detailed reports.

For the American Homeopathic Observer.

THE TREATMENT OF APHTHÆ.

BY P. H. PETERSON, M. D.

This troublesome disease, so annoying both to the patient and physician, is now, thanks to HALE, controlled with certainty and dispatch. The following cases illustrate the treatment :

CASE I.—Mrs. F., æt 22, confined with her second child. She had an abnormal condition of the lochia, attended with considerable fever, which was relieved by the administration of *Veratrum viride* and *Sabina*.

A few days after she was attacked with aphthous sore mouth, extending over the tongue and the entire buccal cavity, attended with profuse salivation. She was unable to use any solid food, and even the exertion of speech would produce bleeding. Prescribed *Eupatorium aromaticum*^a, and *Hydrastis canadensis*^a, alternately, one drop, a dose every two hours. Complete recovery took place in four days.

At the same time her infant was attacked with aphthæ infantum, for which I prescribed *Eupatorium aromat.*¹ and *Mer. sol.*⁶, alternately, a dose every four hours, and applied locally a solution of the first trit. of *Borax*. The infant soon recovered.

CASE II.—Mrs. H., æt 20, nursing her first child, five months old. Was called to see her last summer, and found her in the following condition : Extreme emaciation and feebleness, unable to walk across the room without assistance. The buccal cavity and throat, as far as could be seen, presented an ulcerated and highly inflamed surface. The gums were swollen and tumefied, and the tongue appeared as if scalded. It was with the greatest difficulty and suffering she could perform the act of deglutition. The disease had extended down the alimentary canal, and produced a violent lenteric diarrhœa, that was rapidly exhausting her powers of life. My prognosis was gloomy enough. I prescribed *Cuprum aceticum* and *Podophyllum* 1st trit., one grain alternately, a dose every three hours. In three days these remedies controlled the action of the bowels, and the mouth had also improved. I then gave *Eupatorium aromaticum* and *Hydrastis canadensis*, first dilution, alternately, a dose every four hours, and in a short time I had the satisfaction of discharging her cured, since which time she has remained well.

CACTUS GRANDIFLORUS.—Dr. Ernst F. Hoffman writes that he has observed remarkable quick effects from the use of *Cactus grandiflorus* in two cases of organic heart affections. After testing in other cases he will report to us.

Materia Medica.

CISTUS CANADENSIS L.

BY CONSTANTINE HERING, M. D.

HELIANTHEMUM CANADENSE Michaux, *Rockrose*, also named : *Frostwort*, Frostweed, Frostplant, because the roots throw off small white icicles, which can be seen on frosty mornings, even when all other plants already show little dewdrops with all the colors of the rainbow.

In Eaton's Botany (8th ed., 1840,) we find, page 263: "In November and December of 1816, I saw hundreds of these plants sending out broad, thin, curved ice-crystals, about an inch in breadth from near the roots. These were melted away by day, and renewed every morning for more than twenty-five days in succession. P. 198, This has often been observed in the sand-plains two miles north of New Haven, Conn."

Wm. Darlington, in his *Flora cestrica* (1837) says, page 314:—"Prof. Eaton and Dr. Bigelow have noticed the formation in freezing weather of curiously curved ice-crystals near the root. I have seen them very beautiful in the *Cunita mariana*, and Mr. Elliott remarked the same in the *Conyza bifrons*."

Has a satisfactory explanation anywhere been given of this most remarkable fact?

According to Noak, *Cistus canadensis* is not mentioned in Schœpf's *Materia Medica Americana*, nor in Bigelow's *American Medical Botany*. Can any of our colleagues give the earliest quotations?

It is an old, popular medicine in this country for all kinds of so-called scrofulous diseases, and had, after being introduced into Great Britain in 1799, gained such a reputation that it was cultivated from seeds. We may suppose, that in this way its reputation was lost again. Because, according to Darlington, it grows only on dry mica-slate hills and serpentine rocks, and is rare; according to Eaton it is abundant at the foot of Pine-rock, New Haven, on the barren plains.

Thus, like *Belladonna*, which requires lime-stone ground, and *Pulsatilla*, which requires a ferreous soil, *Cistus canadensis* seems to be dependent on the presence of talc (magnesia). If the analogy is allowable, we might conclude, it will follow the Magnesia as well as the *Belladonna* follows the *Calcarea*, and the *Pulsatilla* the *Ferrum*. These plants are often indicated by the correspondence of the minerals

to a given case, and being often complementary to them, may thus be given by preference, where those minerals have already been administered with success, and *vice versa*.

Dr. Ives, of Yale College, has given it with great success in scrofula, eruptions and other chronic diseases. Dr. Parrish also applied it with great effect. Favorable reports have been published by Dr. Webb, of Madison County, and by Dr. Fuller, of Hartford. Dr. Tyler, of New Haven, Ct., published a treatise on it; some extracts from which, taken from the New Haven Palladium of March, 1852, have been given among the symptoms.

In the years 1835 and 1836, Dr. G. H. Bute made the first provings with the tincture and first centesimal potency.

In scrofula cases, which had resisted even our antipsoric remedies, he made, led by the similarity of some of his symptoms with some symptoms of such cases, the first attempts to cure, and with great success even with the $\frac{1}{100}$. In tracheal complaints, where he had not succeeded with his first potency, he was obliged to raise the potences to the 15th centesimal. Later, it was given with increasing success in the 30th by several homœopathicians. Lately most remarkable cures have been made by the 200th.

A communication of Dr. G. H. Bute to C. Hering, of the first of January, 1837, was printed January 18th, in the *Correspondenzblatt der homœopathischen Aerzte*, No. 13, paper in quarto, published only to save the high postage among the members of the Academy at Allentown, Pa. It was copied in Jahr's Manual, and from this by Noak & Trinks in their Manual, 1843, as well as *Daphne indica* and others; and on page 659, the most absurd remark was inserted: part of the symptoms cured were not contained in the proving. This must be, as a matter of course, the case with every drug, even in some measure with those most proved. By symptoms obtained on the healthy in proving, we get the first indication to apply it as a medicine; and if we succeed decidedly in cases with such a medicine, we may afterwards also make use of the symptoms cured. According to Hahnemann, the latter have a subordinate value, unless they are of a general character, as for instance in our *Cistus*; the great sensibility to the slightest draft; the remarkable appearance of bodily symptoms after vexation, &c. The absurd note mentioned above may have impeded the more frequent use of the *Cistus* and other valuable additions to our *Materia Medica*, as it contains the following remark, page 659:

“As the observations of Dr. C. Hering, because they had been made, as well on the healthy as on the sick, *always with the highest*

dilutions and in globules, which is an equally ridiculous, useless and resultless experimenting—have been so little corroborated, we must withhold our confidence from the proving of this plant also,” etc.

This note, not written by Dr. Noak, but by the other editor of this manufactured compilation, was used and quoted as an authority by the ignorant, to the great injury of our cause. It was written by one who knew that his assertion was not true, because he had augmented his own *Materia Medica* by the provings I had handed to him of *Plumbum*, *Cantharides*, *Sabina* and *Paris*; and by one who knew that I had made all my provings up to this time with the strongest doses or the lowest potencies, one single experiment excepted, the proving of the *The-ridion*.

All the provings he objected to in his note as “ridiculous,” have been made *by others and not by myself*, and have besides that, been made with the tincture and the first dilution. It is “useless” to say more, but I hope it will not be “resultless” in lessening the quotation of such an authority as the above mentioned compilation, which is only surpassed in ignorance and boasting by another, in the hands of a great many in this country.

In the *Modell-Pharmacopœa*, made by order of the Centralverein, and prefaced and praised by the same Trinks,—not only in 1845, in the first edition, page 85, but also in 1854, in the second, page 99,—an inexcusable mistake is made, and our essentially different *Rock-rose* confounded with a common shrub, growing everywhere in Germany. If Gruner has made his tincture from the *Cistus helianthemum* or *Helianthemum vulgare* for the German homœopathicians, it is no wonder they do not find it corroborate what we have observed from our American plant.

The nearest relative to it is the old and once famous *Resina Ladanum* or *Labdanum* from *Cistus creticus*, *Cyprius* or *Ladaniferus*, now obsolete and hardly to be had genuine. We have to leave the proving of this to our friends on the shores of the Mediterranean.

B. Dr. Bute's Observations.

G. The symptoms of a very careful proving with globules of the X., by Dr. Gosewisch, (January 30, 1837,) (died in Wilmington, 1853).

* Indicates cured symptoms.

R. R. Related reports by different persons.

In all other cases the name of the observer is given.

The numbers (1,) (15,) (30,) (200,) indicate the potence,

Mind.—* All mental excitement greatly increases the suffering

(1) B. * Bad effects from vexation. (1) B. * After supper, until bed time—cheerfulness. G. * Mental agitation increases the cough. (15) B. 5. * Every mental excitement is followed by stitches in the throat, producing a cough. (1) B.

Head.—Headache all day ; oppressive. B. Pressure above the eyes in the forehead. B. Pressure in the glabella. B. Headache in the sinciput after being kept waiting for dinner, which is better after eating. G. 10. Headache in the right side, with piercing pain in the eye. 16. Generally the headache *grows worse towards evening* and lasts all night. (Puls.) G. Coolness on the forehead. 172. * Head drawn to one side by swelling on the neck. 181.

Eyes.—Feeling as of a weight above the eyes. B. 15. Pressure above the eyes. 7. Spasmodic piercing pain in the middle of the upper rim of the right eye socket, with some headache on that side. G. Stitches in the left eye. Feeling as though something were passing around in the eye, with stitches. B. * Scrofulous inflammation of the eyes of long standing. R. R.

Ears.—20. Discharge from the ears of water and bad-smelling pus. B. * Discharge from the ears. (15) B. Inner swelling of the ears. B. High swelling beginning at the ear and extending half way up the cheek. B. Inner swelling and discharge from the ears. B. 25. * Tetters on and around the ears extending into the external meatus. C. Hg. Swelling of the parotid glands. 170.

Nose.—*Sneezing* without cold in the head or any other cause. B. * Evenings and mornings frequent and violent sneezing. B. Cool feeling in the nose. 45. 30. Burning sensation in the left nostril. B. The left side of the nose grew painfully inflamed and swollen. (Cured by *Sepia*.) B. * Painful tip of nose, which at first grew worse and then was cured. G.

Face.—A feeling as though the facial muscles would be drawn to one side. B. Heat and burning of the facial bones. B. 35. * Flushes of heat in the face. (1) B. Half way up the cheek, swelling beginning at the ear. 23. Vesicular erysipelas in the face. B. * Caries of the lower jaw. B. Lupus exedens on the mouth and nose. R. R.

Teeth.—40. Twitching-stitching toothache in a decayed molar tooth in the left upper jaw. G. * Very scorbutic gums, swollen, separating from the teeth, bleeding easily, putrid, disgusting. (15) B.

Tongue.—* Dryness of the tongue and roof of the mouth. (1) B. Sore tongue, as if raw on the surface. B. Continuous soreness of the tongue as if raw. B. 45. Immediately after taking a dose,

(10 o'clock, A. M., X 000,) the tongue grew cool, then the breath through the mouth and nose gave a decidedly cool feeling in the larynx and in the windpipe. Much saliva in the mouth, which is also cool. More mental calmness than usual, some sleepiness. G.

Throat.—* Impure breath. (1) B. The coolness, particularly in the throat, continues all day. G. * Inhaling cold air causes pain in the throat. (1) B. * Inhaling the slightest cold air causes a sore throat, which he has not when inhaling in the warm room; several cases. (200) Dr. Guernsey. 50. * A feeling of softness in the throat. (1) B. * Rawness, extending from the chest into the throat. 106. * A feeling as if sand were in the throat. (1) B. * The patient is constantly obliged to swallow saliva to relieve an unbearable dryness, especially during the night. (1) B. * Continuous feeling of dryness and heat in the throat. (1) B. 55. * Dryness of throat from 12 o'clock noon, until 1 to 3 A. M., at night, then better until the next noon. Bigler. * A small dry spot in the gullet for one year, then general dryness of throat,—better after eating, worse after sleeping,—as if tearing asunder, the patient must get up and drink water. The inside of the throat looks glassy; on the back of throat there appear strips of tough mucus. Better in two days, Montague. * Periodical itching in the throat. (1) B. * Tickling and soreness in the throat. (1) B. * In the morning sore pain in the throat and dryness of the tongue. (1) B. 60. * Tearing pain in the throat when coughing. 108. * Stitches in throat, causing cough whenever mentally agitated. (1) B. * Fauces inflamed and dry, without feeling dry; tough, gum-like, thick, tasteless phlegm brought up by hawking, mostly in the morning. (30) B. Hawking of mucus which is lodged at the head of the windpipe. G. * Hawking of mucus. (1) B. 65. * Expectoration of bitter mucus. (1) B. * After discharging phlegm from the throat he feels generally much relieved. B.

Stomach.—(Inclination for acid food.) B. (He wants cheese.) B. Thirst with the fever. 171. 70. * Drinking water relieves the dryness in the throat. 56. Cool eructations. 82. Eructation, with feeling as though it would relieve. 126. Frequent nausea. (1) B. Cold feeling in stomach before and after eating. 32. 75. Immediately after eating, pain in the stomach. B. * After eating the dryness of the throat is relieved. (1) B. Better after eating—pain in *sinciput*. 9. Diarrhœa after eating fruit. B. After drinking coffee, diarrhœa. G.

Abdomen.—80. Stitches in the left hypochondrium. B. In the

morning on awakening, a bruised pain under the hypochondria, with flatulence. G.

Before and after eating, a cold feeling in the stomach; cold eructations. G. Cold feeling in the abdomen. G. In the evening the belly puffed up with flatulency. G. **85.** Troubled with wind in the belly at night. **160.** Flatulence and uncomfortableness in the intestines. B. Much flatulence and pain in the hypochondria. * The wind is not incarcerated as often as before. G. Towards evening flatulence. Last evening there was several times a discharge of wind as when air-bubbles rise in water. G.

90.—Itching of the belly and umbilicus. G.

Immediately after taking the dose, discharge of much wind. B. Towards evening violent urging of stool; stool pappy. G. In the morning thin stool. G. Till daybreak very thin stools, squirting out, of a grayish-yellow color; until noon three more discharges. G. **85.** Diarrhœa lasting a short time. B. (The thin stools are hot.) B. Diarrhœa from eating fruit. B. After drinking coffee, a looseness of the bowels. G. In the groin pain coming from the back. **123.** **100.** Frequent itching on the scrotum. G.

Chest.—In the larynx and windpipe cool feeling. **45.** * Feeling as if the windpipe had not space enough. **112.** At night an itching and scratching in the larynx and anxious dreams. G. Itching and scratching on the outside of the throat in the region of the larynx. G. **105.** * Pain in the windpipe. (1) B. * Feeling as of rawness, extending from the upper part of the chest into the throat. (30) B. * Cough from stitches in the throat. (1) B. * Cough, with a very painful tearing in the throat. (30) B. * Cough, and her neck thickly studded with tumors. **119.** **110.** * He bled at the lungs and his scrofulous symptoms had returned. **181.** In the evening, a quarter of an hour after lying down, a sensation as if ants were running through the whole body, then anxious, difficult breathing. He was obliged to get up and open the window; the fresh air relieved him; immediately on lying down again these sensations returned—two evenings in succession. B. * In the evening, after lying down, and at night in bed, once a week or oftener, attacks of a kind of asthma; he draws his breath with such a loud wheezing that it wakens others sleeping in the same room. He has the feeling as if the windpipe had not space enough. (30) B. Fulness in the chest. B. * Pressure

on the chest. (I) B. 115. Pain in the chest and in the throat. B. Pain in the chest and in the shoulder. 126.

Neck.—Glands on the throat swollen. 23. * Scrofulous swelling and suppuration of the glands of the throat. B. * Mrs. C., of delicate constitution, when nineteen years of age, was afflicted with a cough, and her neck was thickly studded with tumors, using the Rock-rose she was restored and has not been afflicted with any such symptoms since. Dr. D. A. Tyler, New Haven.

Mammæ.—120. After partaking of it frequently in the form of tea for the sequelæ of scarlet fever, it caused an induration of the left mamma, which was taken for cancer and operated upon. Lippe. * Inflammation of the left mamma, suppurating with a feeling of great fulness in the chest. Pehrson.

Back.—Itching on the back. G. Below the right shoulder-blade, extending around to the front of the body, was a very much inflamed spot about the size of the palm of the hand, painfully sore to the touch; soon after pimples began to appear on this spot in a large group, they caused violent burning. Later, a pain went from this belt-like spot to the left hip and into the groin; the pain was like rheumatism; motion increased it. B. * Scrofulous ulcers on the back. (2) B. 125. A burning, bruised pain in the os-coccygis. G.

Shoulders and Upper Limbs.—In the evening, violent pain in the left shoulder and in the chest, with a feeling as though an eructation would relieve the pain. B. Pain in front of the right shoulder. B. Shoulder pain. (154.) The right arm and back of the hand are painfully sensitive to the least touch. G. A sprained pain in the wrist—drawing, scraping. B. 2. 130. Pain in the wrists. 152. In the afternoon a bad pain in the right hand, so that he cannot use it. B. Hand pain. 154. In the hands, drawing trembling feelings. 152. Pain in the fingers of the right hand while writing. B. 135. Tearing in finger-joints. 155. Pain in the finger-joints. The pain in the arm extends to the tip of the little finger—periodically, a very sensitive, piercing, drawing pain, so as to draw up the little finger. G. The tips of the fingers were very sensitive to the cold; the pain becoming more intense when they grew cold. G. Tetter on the hands at first much increased, and afterwards much improved; little blisters, itching, oozing after scratching, with a hot swelling of the hands. They were not on the back of the hand or on the joints or knuckles, but on all other parts. R. R:

Lower Limbs.—140. * A lad seven years old had the "white-

swelling of the hip for three years. The bone was dislocated upward and outward; there was a large opening on the hip, leading to the bone, into which I could thrust my finger. I counted three ulcers. He had been under several physicians who had given him up. After using a decoction of the Rock-rose, in two days his night sweats ceased; thirty-nine days after he was entirely well. Dr. J. H. Thompson, Philadelphia. Pain as from a blow or shock in the left buttock, going down on the inside of the thigh bone, distinctly felt in the knee-joint, and spasmodic drawing together of the calf of the leg. G. Drawing, trembling feeling in the lower extremities. 152. While walking a violent pain in the right thigh. B. Pain in the knees and in the right thigh when walking or sitting. B. 145. Pain in the knee, coming from the thigh. 141. Pain in the knee-joint. Tearing in the knees. 155. Pain in the knee in the evening. 152. Spasmodic drawing together of the calf of the leg. 141. 150. In the evening a sharp, piercing pain in the right great toe. R. * Cold feet. (1) B.

The Whole Body.—Involuntary drawing and trembling feeling in the muscular parts of the hands and lower extremities, with pain in the wrists, fingers and knee-joints. B. Pain in all the joints. B. In the evening pain in the knees, in the right hand and left shoulder. B. 155. Always, on repeating the dose, a drawing and tearing in all the joints, particularly in the knees and finger-joints. B. A bruised pain in all the limbs, as if from fatigue. Trembling with the fever. 170. Sensation as if ants were running through the whole body, in the evening, a quarter of an hour after lying down, then anxious, difficult breathing. 111.

Sleep.—Very restless at night the first night; the next night slept well. G. 160. Very restless at night, pain from flatulency; he could move the wind with his hands and hear it. G. Anxious dreams. 103. * In the night swallowing of saliva on account of dryness. 53. * Must get up in the night on account of dryness in the throat. * The dryness in the throat worse after sleeping. 56. 165. * On awaking pain under the hypochondria. 81. * Night sweats. 140.

Chill and Fever.—Chill succeeded by heat. 170. * Chilliness. B. Cold feeling in the abdomen. 83. 170. Cold feet. 151. Violent chill succeeded by fever heat, with trembling accompanied by a quick swelling and great redness of the glands below the ear and in the throat. B. Heat with thirst, causing to drink frequently. B. Heat in the face. 34, 35. In a very warm room the skin grows

moist; at the same time the forehead is not only externally cool, but also there is a feeling of coolness inside. G. Cold air causes pains in the throat. 48, 49.

Skin.—175. Itching all over the body, without eruption. B. Itching on the abdomen and navel, 90; on the scrotum, 100. Vesicular erysipelas on the face. 37. Eruptions on the back, like zoster. 123. Tetter on the ears,* 25; on the hands. 139. **180.** Furunculi which commenced with a number of small blisters. Pehrson. Lupus on the face.* 39. * For scrofula, a popular medicine in North America. Mr. C., from a child, was afflicted with the scrofula, and had also glandular swelling on the neck; at the age of sixteen he was much worse, had eight abscesses on the neck, three ulcers on the shoulder and three on the hips; at forty years of age he had his head drawn on one side, and was unable to labor. After using the Rock-rose for four weeks, the ulcers broke, discharged and healed; the tumor lessened in size, his head resumed its natural position and he went regularly to work. Later his scrofulous symptoms returned again and he also bled at the lungs, for which he used it again with the same beneficial results. Professor Ives. * Hard swelling around all her syphilitic mercurial ulcers on the lower limbs: R. R.

Sides.—First in the left then in the right shoulder; pain from right to left side, 12, 67; pain from Zoster. 123.

185. Pain in the left shoulder and right hand. 154.

In the right eye-socket piercing pain and headache on the same side, 16; stitches in the left eye. 17.

In the left nostril, burning sensation, 30; left side of the nose painful, 31; toothache in the left side. 40.

In the left hypochondrium, 80; induration, (120,) and * inflammation (121) of left mamma.

Right side below the shoulder blade, eruption on. 123.

190. Pain in the right shoulder, 127; and in the left, 126, 154.

Right arm pains in (128), and in the right hand (128, 131, 154,) while writing. 134.

Over the left hip pain, 155; and in the left buttock. 141.

Right thigh, pain in, 143, 144; and in the toes of the right foot. 150.

TIMES OF DAY.

* From noon until 1 to 3 A. M., the dryness in throat is worse. 55. Afternoon, pain in the hand. 131.

Towards evening, flatulence, 89 ; and urging to stool, 92 ; cheerfulness, 3 ; puffed up with flatulency, 84 ; sneezing, 28 ; *wheezing, 112 ; on two successive days difficult breathing after lying down, 111 ; pain in the chest, 126 ; in the shoulder, 126 ; in the knee, 154 ; piercing pain in the toe. 150.

During the night, swallowing saliva to relieve dryness, 53 ; wheezing, waking others, 112 ; scratching in the larynx, 103 ; at daybreak, diarrhœa, 94.

In the morning, thin stool, 93 ; sneezing, 28 ; * sore throat and dry tongue, 59 ; pain in the hypochondrium, 81 ; more expectoration, 62.

* All his symptoms worse in the morning. (1) B.

Forenoon, diarrhœa, three times. 94.

All day, headache, 6 ; coolness in the throat. 47.

WARM AND COLD AIR.

In a warm room moist, but cool skin. 172.

Fresh air through the open window relieves the difficult breathing. 111. •

When growing cold the pain in the fingers increases. 138

Inhaling cold air causes sore throat. 48, * 49.

TOUCH AND MOTION.

The least touch increases the pain in the hand. 123.

Repeatedly after lying down the difficult breathing recurs. 111.

After lying down in bed, (fifteen minutes,) a sensation as if ants were running through the whole body. 111.

When sitting, pain in the thighs and knees. 144.

Motion increases the pain. 123.

While writing the hand becomes painful. 134.


While walking pain in the thigh. 143, 144.

OTHER MEDICINES.

Coffee causes diarrhœa. G.

Sepia cured a painfully swollen nose. 31.

Belladonna, Carb. v. and Phosphor. acted favorably between repeated doses of Cistus. B.—*Hahnemannian Monthly*.

 The Faculty of the Cleveland Homœopathic College desire to publish a full Catalogue of all the Students and Graduates of the College, but are, unfortunately, without a List of the first six Sessions. They will thank anyone having Catalogues of any of those Sessions if they will send them to T. P. WILSON, M. D., Cleveland, Ohio.

For the American Homœopathic Observer.

CACTUS GRANDIFLORUS.

BY L. BARNES, M. D.

I preserved some of the alcohol in which a large flower of the night-blooming cactus had been preserved. Some of the stems or small shoots of the plant were cut into thin pieces and put into this. The potency thus made was, as near as I could estimate, about the *1st decimal*. I could not be precise in regard to the strength, since, the flower not being in season, I could get no fresh one from which to make my own preparation.

DR. L. BARNES' PROVING.

I took five drops, June 17, 1865, at about 9 o'clock A. M. I am fifty years old, of a highly nervous temperament, and too delicate in health to be at all times comfortable under the wear and tear of a heavy practice. I am subject to many aches and various pains, but the symptoms which followed the *Cactus* were so far unusual, that I think it fair to attribute them to the medicine.

The pulse, on taking it, was eighty-two and full. In twenty minutes it was seventy-eight and weak. In thirty minutes, that is ten minutes afterwards, it was seventy-four. A numb pain with a sense of stupidity then extended from above the eyes across the base of the brain; aching in the arms and hands similar to the pains in fever, which ordinary people call *aching of the bones*; dullish pain in the lungs; sight blurred; head heavy; renewed pain in a thumb which had been dislocated about a month before; warmth in the bowels; general stupidity; slightly oppressed breathing; perspiration; numbness in the legs and feet.

These symptoms occurred in the order stated, and all within about an hour; after which I could distinguish nothing that could be referred with confidence to the dose.

PROVINGS BY MR. ——— BOEHM.

I also gave five drops at the same time to Mr. Boehm, a very intelligent man from Cumberland, Maryland. He is of about the same age, with similar delicacy of health, but has considerable of the bilious mixed with his nervous temperament. The following is his record of symptoms:

“Not much change in the pulse; a stupid, drowsy feeling; skin moist; beat in the epigastrium; wakeful at night (the following eve)

with a tired feeling; rheumatic pain in the whole of the right leg, severe enough to prevent sleep."

DR. L. S. BARNES' PROVING.

My son also, Dr. L. S. Barnes, proved this medicine somewhat more heroically, upon himself. He is about twenty-four years of age, healthy. The following is his record:

"June 17, 9 o'clock A. M., pulse 80. Took ten drops. In fifteen minutes pulse eighty-four; in thirty minutes pulse eighty-eight. Took half a dram. In fifteen minutes afterwards pulse reduced to eighty; in thirty minutes (from time of taking) pulse seventy-two; in two hours sixty-four, very irregular and soft, from which it continued to vary, running from sixty to sixty-eight for several hours. There was pain in the forehead and eyes, dark spots before the eyes, ringing in the ears; a sort of stupid feeling; a feeling of warmth about the throat and chest; pulse softer and more feeble, with a sense of weakness throughout the whole body, especially in the muscles of the back part of the neck, which makes it troublesome to hold up the head; perspiration over the whole body; burning in the pit of the stomach; an indescribable fear that something terrible is going to happen to me.

Thirty-six hours after taking the medicine, had a severe rheumatic pain in the left ankle, with some swelling; frightful dreams for three nights, making me cry out; felt much alarmed on waking, but could not tell the cause of alarm.

Third day, pain in the forehead and eyes, with ringing in the ears; feel very weak; throat feels sore; considerable pain still in the left ankle; pulse eighty, and otherwise about natural."

TRIAL BY DR. H. BENDINOT.

Dr. H. Bendinot of Alexandria, Ohio, who is my relative, also took five drops soon afterwards. I have mislaid his record, but it was substantially this: He felt nothing which he thought could be referred to the medicine, but a troublesome rheumatism of the shoulder, which he had been for a long time unable to remove, *now disappeared*.

ASCLEPIAS TUBEROSA,

DISCOREA VILLOSA,

GELSEMINUM SEMPER VIRENS,

SANGUINARIA CANADENSIS,

Dr. THOMAS NICHOL'S provings and clinical observations on these medicines will appear in subsequent numbers.

Miscellany.

For the American Homœopathic Observer.

A LOOK AHEAD.

BY T. P. WILSON, M. D., PROF. OF PHYSIOLOGY AND PATHOLOGY, CLEVELAND MEDICAL COLLEGE.

The times are portentous of a great and radical reform in the art of medicine. As regards the question of *matter* in medicine, we are not likely to see much change. The mind of the master, Hahnemann, has fixed, so far as we can judge, for all time to come, the character of the agents to be employed in the art of healing. We may for many years yet amuse ourselves with discussions on the propriety of high or low dilutions, with arguments pro and con on the administration of single or alternated remedies, and with vigorous debates on the use of foreign or indigenous remedies; but however the decision may finally turn, it can in no way affect this fundamental and firmly established truth, that likes by likes are cured.

It is wholly in regard to the question of *manner*, that this reform is destined ultimately to work for our profession a desirable and lasting change. Medical science and art have a very wide range. In its department of *science*, we have principally Anatomy, Physiology and Pathology; of which either one is a life-long study for any man. In its *art*, we have Practice, Surgery and Obstetrics; of which either one is a life-long labor; that is, if one desires to be the perfect master of his profession. *Dentistry* is a part, originally, of medical art; but the stupidity of the profession let it set up housekeeping on its own responsibility; and truth compels us to say, that it is to-day a half century in advance of what it would have been, if it had kindly consented to stay at home until it had attained its majority, and been duly taught to work in all things *secundum artem*. O what a monstrous incubus this *secundum artem* has been on medicine. It is the ball and chain, and the iron hand cuffs, that mark to-day the degradation of one of the richest boons that heaven ever vouchsafed to man. It has cramped, crippled and hopelessly maimed legitimate medicine, so-called, until it's a by-word on the lips of the people.

Obstetrics came very near leaving the family circle also, and if we had had mid-men, instead of mid-wives, there is little doubt, but that like dentistry, it would have been to-day operating on its own hook—or perhaps I should say forcep—and with equal advantage to its perfection.

One department of *Surgery* also threatened secession for a time, and if the law had let these natural bone setters alone, they would have made at least one portion of surgery an ornament to civilization.

As it is, all this, and much more, is duly crammed into one poor head; and if he is a doctor, he is presumed to know almost everything, and to be able to do almost anything. Your modern doctor is a regular jack at all trades; a man of all work; ready at a moment's warning to pull a tooth, or make a prescription; to set a leg, or bring forth a baby; to straighten an eye, or adjust a fracture, as the exigencies of the case demand. He must be a good anatomist, a thorough physiologist, a learned pathologist, a skillful surgeon, a capable obstetrician, and at the same time understand all phases of disease, endemic, epidemic and contagious; visit them everywhere, and know always just what causes they are due to, and what remedies they are best cured by.

If this is not utterly appalling to the mind that contemplates it, then you may add Botany, Toxicology, Materia Medica, Pharmacy and Medical Jurisprudence to the list of accomplishments a modern doctor is presumed to possess; and then ask said contemplative mind, if the effort to be such a thing as a doctor, is not the height of all modern absurdities. The wonder in the case must be, that any sane mind ever attempted it. Yet in this boasted day of light and progress, young men by the hundreds are essaying to accomplish the task; and medical schools are making the effort to teach it all, in a short course of lectures, reaching over a period of four or six months.

What wonder, then, that the spirit of reform is sounding her notes of warning. Her transforming hand is laying its firm hold on this vexed question, and we will ere long see such a radical change in the *manner* of medical art, as will make us wonder that so poor a system of teaching and practicing it, ever had place among us.

Briefly, then, the times demand the creation of a broad and distinctive line to be drawn between the various branches of medical art. And no man, however great his natural abilities or learning, will be presumed able to master more than one of these departments. No matter, then, how much we divide and subdivide this great system of medicine, its teachers and practitioners will each the better become master of his profession. This will serve to elevate immeasurably the science and art of medicine, and place it, perhaps, in its legitimate position beside the exact sciences. When we come to have five or six classes of general practitioners, three or four kinds of surgeons, and a class of men especially devoted to obstetrics, we shall have what the age and the wants of the people demand. At present all our large cities are in immediate demand of this reformatory measure; and eventually the rapidly populating country will fully sustain the same reformatory changes. *Now is this utopian or not?*

For the American Homœopathic Observer.

HOMŒOPATHY.**What are its Claims on Public Confidence?***

BY JOSEPH HOOPER, M. D.

Few questions are so important to the community, when serious disease lays hold upon relations and friends, as the questions, Where shall we seek relief? What system of cure shall we adopt? One neighbor says, "Send for an Old School physician, *of course!*" Another recommends a Thompsonian or Eclectic doctor. A third advises a trial of the water cure. A fourth is sure there is nothing like electricity. And a host of others are prepared to vouch for the efficacy of all sorts and descriptions of patent medicines, until the mind becomes perfectly bewildered amidst the numerous claimants for public favor. This bewilderment sometimes reaches such a climax as to cause an agony of anxiety and doubt. How thankfully would such persons receive a clear, rational, comprehensible and positive guide to health, at such a time. The object of this tractate is to show that there is one system of medicine at least that appeals to men's common sense, and lays claim to general confidence on rational and philosophical grounds. That system is termed HOMŒOPATHY.

At first sight, there is no system of medicine less likely to attract the uninformed and unthinking, than homœopathy. The infinitesimal character of the doses usually employed, their tastelessness, the absence of any violent action from the medicaments exhibited, together with the ridicule so universally heaped by enemies upon the system, induce large numbers to dismiss the subject from their minds as supremely ridiculous, and to regard those who practice it either as fanatical and visionary in the extreme, or as dishonest as the vendors of wooden nutmegs. "If," say they, "Old School Physicians, with the experience of many centuries to assist them; with a thorough medical education, often fail to cure their patients, even with massive doses of crude medicine, how is it possible that the ten thousandth part of a grain of some medicinal substance, and a little sugar, can successfully combat obstinate disease?" and without pushing the inquiry further, resolve to go to the confectioners for their sweets when they need any. But facts are stubborn things, and (except in the case of persons as stupid and obstinate as a certain Frenchman, who, being told while arguing a point that facts were against him,

* The first of a series of popular tractates published at the office of the American Homœopathic Observer, at \$4 per 100 copies.

replied, "*So much de worse for de facts,*") will not by sensible people be entirely ignored. There are at the present time tens of thousands who have espoused homœopathy in every part of the civilized world. In Germany, France, Prussia, Austria, Great Britian and all her colonies, and in most parts of North and South America, homœopathy has taken deep root. And amongst what class of people does it gain a foothold? Investigate the case in any neighborhood, at home or abroad. Ask who were the earliest patrons of this New School of medicine. They were not the people usually led astray by some chimera. They were not the people who take up with every new thing. Neither were they the illiterate, the illogical nor the superstitious. Such persons seldom, if ever, espouse homœopathy. The earliest patrons of this new healing science in every section of the country, have ever been derived from the learned, the intellectual, the patient, plodding, seeker after truth. Senators, judges, ministers of the gospel, scholars, authors of works on philosophy, are the men who have tested calmly and thoroughly the claims of homœopathy; and having once acknowledged the great law of cure which is the foundation of all true homœopathic practice, they have never abandoned their faith in its efficacy, or ceased to support its claims to general adoption. With equal truth it may be asserted, that the pioneer practitioners of homœopathy have been men, not likely to lend themselves to a hoax, or a humbug. They have been men of mind and character; men of benevolent hearts and noble aspirations; ornaments to the Old School while they continued to be associated with it, and after they conscientiously left it, for a more humane and a more philosophical practice, continued just as truthful, just as sympathetic, just as noble in all the relations of life as they were before. The base pretenders to physic—the advertising vultures who prey upon the credulity of the masses—are men of an entirely different stamp to the ordinary run of homœopathic physicians, and especially to the fathers and founders of the system. As a rule, the homœopathic physician is as well educated, as whole souled, as virtuous, as beneficent and as much deserving of confidence as those of any other class of professional men.

The system of which we write is pre-eminently calculated to attract those who bear the character we have just named; for it is first of all a *rational* and *philosophical* system. It is, moreover, *humane*. Again, it is *easily understood*. It is *safe*. It is *economical*. It is *successful*.

Ponder a little over the proofs of these several propositions, and

doubtless you will be ready to acknowledge that it has at least some claim to public investigation and public confidence.

The first great claim which homœopathy lays to public confidence is, that *it is formed on a rational and philosophical basis*. There is a fixed, immutable, certain law of cure for the guidance of the homœopathic practitioner, which those of no other school of medicine possess. We would not wish to be understood that individual members of the old school of practice are not scientific men, nor that as a body they fall below others in the possession of a thorough education. Hundreds of names of old school physicians could be mentioned, who would not only have been a credit to any profession, but were benefactors to the whole human race by their scientific discoveries. But none of them ever laid down a certain, unmistakable and general law for the administration of remedies in the cure of disease. The best they have done is to describe the leading characteristics of the drugs on which they have experimented, classing some as cathartics, others as opiates, sudorifies, &c., leaving each practitioner to select one, two or half a dozen, according to his fancy. Let the friends of a sick patient adhering to the allopathic practice, seek counsel from a number of physicians. They will probably obtain as many different prescriptions as there were physicians in council. How do they proceed? Having settled the name of the disease, one follows the great author, Dr. A., another prefers the prescription of Dr. B., another of Dr. C. Some will bleed, while others will stimulate. Some will use Mercury in very large doses, while others declare it will be death to the patient to do so. There is no rule to guide them but the dangerous one of "Follow my leader." How different the method of the true homœopath. He first endeavors, by the eye, the touch, by questions put to his patient, to relatives and attendants, and by his own observations, to discover all the symptoms developed by the disease. He then searches his *Materia Medica*, or seeks in his retentive memory for a drug or a medicine that would produce a similar picture of symptoms in a healthy subject. If he can find such a medicine, and in ninety-nine cases out of a hundred he can, he is as sure of relieving his patient by the aid of that medicine, as he is that the sun will rise in the east, or that a ball thrown up into the air will descend again to the earth; for it is as truly a law of nature—" *Similia similibus curantur*," (likes by likes are cured)—as the law of gravitation or any other law of physics. The discovery of this law was made over half a century ago, by one of the best Old School Physicians of his time, SAMUEL HAHNEMANN, the father and founder of homœopathy.

He observed that peruvian bark, the great remedy for intermittent fevers, would, when taken by a person in health in large quantities, produce just such symptoms as were cured by it. And in thinking over many cures he had effected with other remedies, it occurred to him that a large proportion of them were accomplished by the agency of drugs that would produce similar troubles in healthy frames. So *Ipecacuanha*, for instance, in a large dose will produce vomiting; but administered under certain circumstances to a patient suffering from nausea, it will cure. Sulphur, again, will produce itching eruptions. It is a sovereign remedy for the itch. Did space permit, we might multiply illustrations by hundreds. Hahnemann, with the self-sacrificing devotion, and the earnestness that were characteristic of that great man, set himself and a number of his pupils and friends to work, to prove drugs, by taking them in health, writing down carefully every symptom experienced while under their influence; then when called to attend patients who were afflicted with disease, he administered those substances that would produce a like class of symptoms. He invariably found that "likes by likes are cured." At first he gave too large doses, and increased the symptoms of the disease, until he discovered that an infinitesimal dose was sufficient usually to effect a cure. For half a century medical philanthropists have followed in the footsteps of their great master. Over five hundred medicinal substances have been proved on healthy subjects, the symptoms produced have been recorded, and the truth of the law of "*Similia similibus curantur*," tested in the case of tens and hundreds of thousands of suffering ones.

How simple! how rational! how beautiful is this law! The practitioner need not long remain in doubt as to what he should do. He need not wade through quarto tomes to find out precedents and authorities. He has to acquaint himself with his *Materia Medica*, and use his common sense, and he will succeed in almost all cases that are curable at all.

The second claim homœopathy makes to public confidence is, that *it is a humane system*. The Old School practice was much more cruel and barbarous thirty years ago than it is now. Lancets, leeches, blisters and fearful drastic purges were the order of the day. Every one expected, when he sent for the doctor, to be tortured before he was cured; and although there is less of blistering, bleeding and leeching now than there was then, horrible, nauseous, debilitating doses of medicine are still given. They attempt to cure one disease by producing another stronger than the first, and oftentimes the poor

will you hastily conclude, without investigation, that homœopathy is a quackery and a cheat? Will you shut your eyes to *facts* acknowledged by hundreds of thousands of the most intelligent of the human family? Will you have your wife and your children blistered and bled, stupified with Morphine or rendered imbecile for life by Calomel, when you can secure for them more certain, more humane, more rational treatment? In the name of a suffering humanity, in the name of common sense, in the name of fair play, we ask you to test homœopathy. Give it a *fair*, and give it a thorough trial. It is all the system needs to make the practice general—almost universal.

We may at some future time dwell on the popular fallacies concerning homœopathy, in which paper we propose to answer the numerous objections urged against the system. But for the present we have only to say, this new system has been thoroughly tested by able and honest witnesses, who find it to be *rational* and *philosophical*, *simple*, *humane*, *economical*, *safe* and *successful*. TRY IT.

For the American Homœopathic Observer.

CHLORIC ETHER AND "NEURALGIC PREGNANCY."

BY C. ALEX. GARNSEY, M. D., BATAVIA, ILLS.

Doubtless some of your readers will *con* over the title to this article, and exclaim, "Neuralgic Pregnancy! Ah, a new reproductive agent truly. The Doctor has surely come to town!" But hold a moment. The misnomer of the thing is just where "the laugh comes in." I was called recently to see an excessively nervous lady, æt 45. She had borne four children, and miscarried with her first, at six months, not knowing that she was pregnant, and her physician declaring that she was not. In fact, as she says, denying it, and ridiculing her fears up to almost the day of her abortion. I found her nervous, feverish, headache, coated tongue and quick pulse, abdominal pains, starting from below the umbilicus and shooting round into the left side, along the back and up under the ribs, slight nausea and loss of appetite. I left appropriate remedies for the fever and gastric trouble, and called next day. Symptoms all better but the pain. This would remit in the morning hours, and come on with increased severity every afternoon and evening. She had not menstruated for eleven months, and was now near her monthly period. I could not now go far astray in my diagnosis, and told her I was plainly of the opinion, that her pains were neuralgic, proceeding from uterine irritation. She shook her head in much doubt, especially as my *Aconite*, *Gelseminum*, *Cimicifuga* and *Belladonna* failed to relieve them. She now recounted to me the

history of her abortion, having with her, I believe, some six or seven Doctors, "and," she added, "*Doctor, I believe that I am in the same condition now, and that I shall miscarry.*" I then related to her the presumptive signs of such a condition. She had not experienced them, and I suggested an examination as the only alternative to a decision. This she was not prepared for. I left, ordering such treatment as the case suggested.

During the night I was hastily summoned. "Mrs.—— was very much worse, and wanted me *immediately.*" I concluded I should now come to a *focus* in the case, and having not long since treated her daughter successfully for an obstinate erysipelas of the face and head, with a highly scrofulous diathesis, I had seen enough to convince me that I should want to call about me all of my philosophy to get along with this neuralgic-hysteralgic case, as I was fully convinced in my own mind she was not pregnant. I was ushered into the sick chamber, and the first note that struck my ear, was that one so familiar to a Doctor, the quick-drawn and explosive breath of a woman in the last throes of labor. My philosophy was somewhat disturbed, but I was not yet convinced. In response to my greeting she exclaimed, "*You have got it all upside down.*" I asked her what she meant. (I knew to what she alluded.) "*You will see very soon,*" and here began another bearing down pain. Her husband stood aghast. His wife forty-five, the youngest child eleven years of age, and now another, was more than he had bargained for. I very coolly seated myself at the bedside, with my right hand and with strong pressure grasped through the abdominal parietes the locality of the fundus uteri, and introducing my left fore finger into the vagina, and in contact with the mouth of the womb, waited for the next pain. It came, and several others followed in regular succession, but no foetus appeared, nor was there the least signs of any. The womb, to the grasp through the abdominal walls, was about as large as we would expect to find it in the non-impregnated state. The neck protruded somewhat into the vagina, and was in a hard, indurated state, the os-tincæ firmly closed. When the pains came on, I could not detect the slightest pressure upon the mouth or neck, though the vaginal walls seemed to contract even to close pressure upon my finger. When fully convinced, I ceased all examination, though I was careful not abruptly to announce to her my decision, thinking it would subserve my purpose better to allow her gradually to see her own error. I remained with her four hours, and put her on *Gelseminum* and *Cimicifuga*, and also ordered a hot sitz bath.

Called next day. She had passed a sleepless night. Sitz bath afforded no relief. *Gelseminum* and *Cimicifuga* had slightly moderated the "labor pains," though she was still suffering. I had previously administered the first decimal of Morphine, but dare not push it. I now resolved to allow her to inhale Chloric ether, short of complete anæsthesia. To this end I poured one-half dram upon a napkin, and held it at three or four inspirations to her mouth and nose, at short intervals. Contrary to my expectations, she became insensible, and slept and breathed calmly. Pulse good. She continued so for half an hour, when, still insensible, singultus set in. At this juncture her husband and daughter came in, and thought her dying. I now resolved I would administer a restorative, though I apprehended no danger, from the character of the breathing and pulse. On a closer scrutiny, I found her jaws firmly set, and *Ammonia* failed to arouse her. Her limbs were straight but not rigid, and she looked much like a corpse. The daughter let fall a remark, that made me hastily acquainted, that she had often seen her mother in just such a state, and *Ammonia* was used to arouse her. But I had given *Chloric ether*. Her former Doctor had said she must never take it, and I found myself irresistably drawing to the conclusion, that should she happen to die now, I and *Chloric ether* would have to account for it. I took from my case *Nux vomica*², ten drops to a teaspoonful of water, and forced it through her clenched teeth. Whether *Nux* was best indicated or not, and whether it was due to *Nux* or not, in ten minutes the jaws relaxed, and she opened her eyes. She declared she was free from pain, that she had had delightful scenes before her eyes, and a sweet sleep, and felt more comfortable and refreshed than for the last four days. I left *Gelseminum* and *Cimicifuga*, once in two hours.

Two days after this, she answered my call at her house. She was looking much better, though there were slight pains remaining; and finally, with a serio-comic laugh, concluded that "Neuralgic pregnancy was worse than the *old-fashioned way*."

N. B. Some young Doctors may be profited by the history of this case, and some useful hints may be derived therefrom, especially in the administration of *Chloroform* or *Chloric ether* to a highly nervous or cataleptic subject. And finally, what part *Chloric ether* played, in the subsequent mitigation of the pains, and whether it may not profitably be administered even in such cases, if given judiciously.

Hahnemann was born on the 10th of April, 1755.

Book Notices, etc.

ADDRESS BEFORE THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK. BY HENRY D. PAINE, M. D.

This address was delivered on the 10th of May, 1865, at Albany, before one of the most influential State Societies belonging to our school of practice. It is a rare thing, now-a-days, to find an address so replete with sterling good sense, and withal so practical. Dr. Paine does not begin with a fulsome laudation of the perfection of the homœopathic practice. He is aware that such a desired point has not yet been reached. Speaking of the art of medicine in general, he says :

“ It is one of the most remarkable things in the world, and at the same time, one of the saddest and most lamentable, that the practice of medicine, an art of daily necessity and of daily exercise, which most nearly affects the dearest interests of mankind, and to the improvement of which we are encouraged and impelled by the strongest motives of interest and humanity, of love for our neighbor and zeal for our profession—should, after a probation of so long a period and a recorded experience of at least two thousand years, still remain, as it confessedly does in most respects, and as usually understood, an instrument of such doubtful and uncertain application.”

After quoting numerous authorities belonging to the allopathic school, to the same effect, he quotes Dr. Hun, who, in his Annual Address before the New York State Society, (allopathic) 1863, makes the same admission. Dr. Hun was at that time President of the Society, and in his address publicly attacked the system of homœopathy. But his attack was so tempered by wholesale denunciations of the imperfections of his own school, that it was deprived of half its virulency.

“ Dr. Hun holds the following language : ‘ Though great latitude of opinion is tolerated in medicine, yet, to this, there must be some limits. The most opposite doctrines may be promulgated ; the most opposite modes of practice may be proposed, and yet neither party claim the right to turn the other out of the profession ; but, after all, there must be some show of sense or reason in these doctrines or this practice. There must, in fine, be some limit to the absurdities which a man may be allowed to maintain. Now, homœopathy passes these limits.’ ”

But immediately before he had critized his own school—"He exposes the false and mischievous assumptions of the 'regular' profession, and speaks of its 'errors and impostures' in language that would be considered as abusive if employed by one of another school. He justifies the ridicule of the satirists and the criticism of the grave, which have served, as he declares, 'to expose our exaggerated pretensions in the cure of disease, and to show on how slight a foundation our routine of practice reposed.' While he deplores 'what has happened in the dark paths which we and our predecessors have trod,' he is not less emphatic in asserting the necessity for a complete reconstruction of the old system of Therapeutics."

"Dr. Hun admits the errors and impostures of the 'regular' profession; he admits that homœopathists, as a class, are not chargeable with that sort of quackery which consists of dishonorable and indecorous professional conduct; he admits that most of them 'have gone through a regular course of instruction, and have been pronounced by the proper boards qualified to practice,' so they cannot be charged with gross ignorance; he admits that there are many 'eminent lawyers, learned divines, shrewd and prudent merchants, who conduct their affairs with discretion,' who are capable of 'forming a sound judgment on any subject, and who yet adopt the homœopathic system of practice for themselves and their families;' he admits that 'a great many recoveries take place under homœopathic treatment,' and he allows also that 'there is no fixed orthodoxy in medicine,' and that, within allopathic limits, 'the common sense of the profession does not call a man a quack nor exclude him from association, simply because he is thought to be absurd and wrong-headed, nor even because he promulgates a system, which, like the exploded system of Broussais, is deemed false in reasoning and pernicious in practice.' "

Dr. Paine makes the following remarks, which expose the bigotry of the Old School :

"As homœopathists we may feel under no particular burden of obligation for these concessions, extorted as they are by palpable facts from lips all too reluctant to praise and all too ready to censure; but the 'general world' of mankind may well adopt a vote of thanks to Dr. Hun for his exposure of what is not deemed quackery *inside* of the 'regular profession;' and it goes very far towards neutralizing all testimony from the same source against what may be denounced as quackery *outside* of the said 'regular profession.' For, by the showing of Dr. Hun, a man may adopt and propagate a system which

is regarded by his brethren as 'false in reasoning and pernicious in practice,' i. e., injurious or fatal to the patient; and yet the common sense of the profession will not suffer him to be called a quack, nor exclude him from association and recognition as a 'regular,' so long as he sails under allopathic colors and maintains professional decorum. He is thus obliged to say, in substance, we cannot stigmatize any physician as unworthy of public patronage and professional confidence, merely because he is so wrong-headed as to persist in a method which we see kills instead of cures, for then we should be obliged to brand a portion of our own number as quacks; nothing is quackery which is scientific, and nothing is scientific unless it is allopathic.

"What, then, it may well be inquired, are the grave delinquencies of a system which, like homœopathy, is adopted and approved, and trusted by educated and conscientious men, (which, so far as being 'pernicious and injurious,' has proved to be eminently safe and successful in practice) that it should be proscribed as quackery, and its practitioners denied the common courtesies of the profession that we freely accord to the 'absurd and wrong-headed allopathist?'"

We should be glad to quote more from this able Address. Its twenty-two clearly printed pages are replete with logical refutations of the arguments of our opponents. It should be broadly distributed, and placed in the hands of every thinking man. With such a judiciously written exposition before them, they who will persist in clinging to the fallacies of antiquated therapeutics, must be "blind indeed."

We commend to all physicians the closing paragraphs, which show Dr. Paine to be exempt from the vain-glory and conceit which characterizes a portion of our school.

"We, nevertheless, protest against the injustice which charges us with indifference to any department of inquiry which can have any bearing, however remote, on the progress and improvement of our art. It could hardly be expected, however, that in its first half-century, homœopathy should outstrip the progress made by allopathy in three thousand years, especially in those directions pursued by both schools in common, and for which the older had almost a monopoly of facilities. Nor is it to our discredit that we have not been kept by false pride from availing ourselves of the help which comes from other men's labors. The very fact that the Old School institutions and *savans*, half despairing of success in Therapeutics, are pushing their researches in subordinate and collateral branches, and that the rich results of their devotion have become public property, spares us the

need of so much independent effort, and permits us to pursue, with undivided diligence, our appointed task of enlarging the *Materia Medica*, verifying its application to disease, and developing and extending the resources in our possession."

"We will be no party to a needless quarrel. Homœopathy would walk side by side with allopathy in the paths of general science, in the pursuit of anatomical knowledge, and in honest endeavor to mark and classify the symptoms peculiar to every form of disease. Whatever is known or knowable in the departments of Physiology, Pathology, Diagnosis, Hygiene, &c., must be appropriated with genuine satisfaction as common property and of equal interest to sensible medical men of every school. We trust that all that deserves the name of science is sought as sincerely, and accepted as freely and gratefully by us as by those who deem it meritorious to denounce us as unscientific pretenders."

"In short, homœopathy differs from all preceding schools in its *principles and practice of medicine*, and not in respect of general knowledge, nor in its recognition of physiological and correlative facts.

"And it would be quackery indeed, did we affect any peculiar exemption from the danger of misapprehending disease. Whatever uncertainty attends diagnosis, whatever embarrassments grow out of obscure and peculiar conditions of the patient, hereditary tendencies, temperament, sex, psychological or climatic influences, we share in common with others. So far as the operation of medicine is modified or neutralized by unobserved or undiscoverable causes, all administration is helpless. We are hindered in our work accordingly, and we should be foolish indeed, not to welcome from any and all sources light on these shadowed paths."

"But what we claim in advance of our rivals is this, that when a homœopathic physician has once made a true diagnosis, or a complete digest of symptoms, he has a sure rule to guide him in the selection of a remedy, and unless the symptoms are wholly new, so as to indicate no remedy yet included in the *Materia Medica*, or unless the nature of the disease renders a cure impossible, or unless he be defeated by the folly of nurse or patient, he has a right to be confident of success, and that this confidence rests on a rational, scientific basis—on the uniformity of relation between cause and effect. If he suffer from uncertainty it may be from the difficulty of acquiring the necessary information, but never from misgiving as to the principle that should govern its treatment."

FIRST ANNUAL REPORT OF THE CONSUMPTIVES HOME, FOUNDED BY CHARLES CULLIS, M. D., Homœopathist, at No. 4, Vernon St., Boston, Mass.

This comes to us in a pamphlet of 104 pages, 12 mo., with the title, "*A Work of Faith. History of the Consumptives' Home, and the first Annual Report to Sept. 30, 1865, with an introduction by Rev. F. D. Huntington, D. D., and Rev. E. N. Kirk, D. D.*"

Incurable consumptives being denied admittance to the Massachusetts General Hospital, and many cases of great suffering being witnessed by Dr. Cullis among the poor of Boston, who were afflicted with phthisis pulmonalis, he was moved to attempt something for their relief. He found the afflicted ones deprived of ordinary comforts, as well as religious privileges. He longed to provide these—he desired to make a CHRISTIAN HOME for them. His own means were very limited. What course should he pursue? Apply to the rich men of Boston, call a meeting, state the facts, start a society, get influential men to take position on a board of directors, call on the preachers for charity sermons, send around begging committees, and when pecuniary means were *secured* commence a suitable building. This is the course in benevolent enterprises sanctioned by almost universal custom. It may be called the *approved* method. Our young friend did otherwise.

We find by his Journal, that in April, 1862, the first conception of the work appeared in his mind. It commenced with emotions of sympathy for the suffering. Soon he thinks of a Hospital after the plan of Muller's Orphan House. He speaks of it to no earthly friend for nearly three months, but makes it the object of constant prayer. In January, 1864, he received the first donation, of *one dollar*. Aug. 3d, 1864, after two years of daily prayer, he purchases a house for \$6,500; the whole of the principal to remain at interest. With less pecuniary means than ever before, he makes the purchase without any fear of the result. Sept. 1, the Matron enters upon her duties. Sept. 27, the house is dedicated, Rev. Drs. Huntington, Kirk, Hague, and Rev. J. D. Fulton, G. W. Gardner, O. T. Walker, N. G. Allen, taking part in impressive services. B. P. Shillaber, Esq., recited a poem. Nov. 26. Thanksgiving day, the Doctor is full of gratitude. He says:

"When the work was commenced in August, I had but little over three hundred dollars, and out of this must come my own business and family expenses, and the Hospital to be supported. But I knew in whom I trusted,—that I had a rich Father who always honors all drafts upon Him. In Him I have never been confounded. Daily He has supplied each need. The Hospital is established in working order; eight patients are abundantly cared for, having all their needs supplied, and many luxuries; a matron, two nurses, two domestics,

and a man to assist, are supported, all but one (Miss K.) being paid weekly wages ; all the expenses of the house have been paid ; and to-day I have more money on hand than when the work was commenced. Have I not reason to give thanks ? Bless the Lord, Oh, my soul, and all that is within me, bless His holy name."

Feb. 25.—The Massachusetts Charitable Fire Society donates \$300. March 15.—A stranger calls, hands Dr. Cullis \$100, and refuses to give his name. The Doctor writes : "To the glory of God I record that *not a day* since the work commenced has He failed to send the daily donation." May 2.—He prays for another building, as there are more applications for patients who cannot be received. May 31. He purchases the adjoining house for \$3,900. Sept. 27.—The second house, after thorough repairs, is dedicated. Sept. 28.—Two ladies call to say that a friend had authorized them to furnish the new house with everything needed, at his expense. They declined to give his name. Sept. 28.—The closing day of the year of the Consumptives' Home. The Doctor records : "In answer to prayer the Lord has given in cash, five thousand, nine hundred and sixteen dollars, twenty-eight cents. Expenses, five thousand, nine hundred and sixteen dollars, twenty-eight cents. Leaving no balance in the treasury. But there is the never failing bank on which to draw, where the drafts are never dishonored. The work was commenced with only a little over three hundred dollars in money, but with strong faith in God's promises, and never has the promise failed. Not a day since the work was dedicated to the Lord has He failed to send His daily gift of some kind."

" ' O, give thanks unto the Lord, for He is good ; for His mercy endureth forever. O, that men would praise the Lord for His goodness, and for His wonderful works to the children of men ! ' "

The Editor of the History says :

During this time the number of patients has been	34
Discharged by being provided for by friends or other causes,	8
Relieved, as able to attend to their employment,	2
Cured,	2
Died, each with a hope in Christ,	13
Now remaining in the Home,	9

The number of deaths may seem large, but it must be remembered that most of the cases admitted have been in the last stages of the disease.

We have made only a brief reference to this noble charity. It is intensely interesting to watch the progress of this good work from its conception. Some will regard the Doctor as a mere enthusiast, but all must acknowledge that it is an instance of rare self-devotion. If the Doctor had professional reputation in view, he would not have thought of a house for the reception of the incurable. We must recognize his labors as commendable in the highest degree. Complete

consecration ; faith working by love ; sympathy leading to exertion ; sweet, child-like confidence in the Father in Heaven, who giveth all we are prepared to receive. We shall send a copy of this report to an M. D., who says that " Homœopathy is a gross form of infidelity, and that all homœopathic physicians are either infidels or Swedenborgians." Seen through prejudiced eyes, he will, however, probably see nothing to admire.

When our readers go to Boston, they must not fail to visit Dr. Cullis and his Consumptives' Home. In the meantime send for the report which we have noticed, and if seeking for an investment, behold one that will repay a thousand fold in imperishable riches. "*Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto ME.*"

Colleges, Societies, etc.

THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

The Homœopathic Medical College of Missouri is in full and successful operation, and the class in attendance is encouraging to those who have undertaken the work. The hospital instruction, a marked feature in the course of instruction, is regular, and the students have already had opportunity of witnessing surgical operations, as well as the systematic treatment of disease.

On Wednesdays the clinic is held at the Good Samaritan Hospital, on Saturday morning at the Orphan's Home, and on Saturday afternoon at the Post Hospital at Benton Barracks. To these charities, which are all under the immediate supervision of the Professors, the students are conveyed free of expense, and are enabled to assist the Professors in operations, and observe other minutiae of treatment, as to diet, repetition of dose, and the efficacy of the different potencies of homœopathic medicines, all of which are essential to the educated practitioner.

They have already witnessed the reduction of dislocations, operations for the removal of cancer, and a resection of the jaw, and have enjoyed the privilege of vaccinating patients and observing the different appearances presented in the different stages of the process ; of using the stethoscope and other important and necessary items. Regular clinical lectures are also delivered at the College, the Dispensary furnishing the cases, upon which the lecturer enlarges, while

AMERICAN HOMŒOPATHIC OBSERVER.

abundant material in the dissecting rooms enables the student to thoroughly qualify himself in this department.

A gratuitous summer course of lectures is now contemplated, regular announcement of which will shortly appear.

From what we know of the Professors connected with this Institution, we should argue a brilliant future for the good cause in which they are engaged.

CLEVELAND HOMŒOPATHIC COLLEGE.

This popular institution began its Sixteenth Annual Session, on November 1st. There are at present in daily attendance a much larger number of students than ever before. The Faculty speak in the highest terms of the intelligence and progress of the gentlemen composing the class.

No pains are spared by the Professors, all of whom are at their posts of labor, to make the winter session both pleasant and profitable to the students. We feel assured that the Cleveland School is worthy of its excellent reputation, and will continue to hold a high place in the confidence of the profession.

SOCIETIES—WHEN AND WHERE THEY MEET.—1866.

The “*Canadian Institute of Homœopathy*” convenes at Hamilton, Wednesday, May 9th, 1866.

The “*Western Institute of Homœopathy*” at Cleveland, on Wednesday, May 23, 1866.

The “*American Institute of Homœopathy*” at Pittsburgh, on Wednesday, June 6th, 1866.

The “*Michigan Institute of Homœopathy*” at Detroit, on Tuesday, June 19, 1866.

The “*Homœopathic Medical Society of Ohio*” at Columbus, Tuesday, June 12th.

The “*Homœopathic Medical Society of Wisconsin*,” at La Crosse, Wednesday, Nov. 21, 1866.

The “*Illinois Homœopathic Association*,” at

The “*New York State Homœopathic Society*” at Albany, Feb. 13.

The “*Massachusetts Homœopathic Society*” at

The Hahnemann Medical College, Chicago,

Enters upon its senior term of the College course with the best prospects. We expect to present some interesting particulars, respecting the prospects of this excellent institution, in our next.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

GRAMERCY PARK HOUSE, New York, Dec. 20, 1865.

DR. E. A. LODGE. *My Dear Sir* :—My time has been so completely occupied during the present session, that I have not been able until the present moment, to reply to your note asking me to give a detailed account of the present status of our College. Even now I can but barely give a hasty report, in a general way.

It is difficult to say, at present, the number of matriculants we shall have by the end of the session. Applications are made almost daily for admission, and many are asking what is essential to obtain our degree, who have graduated at other Colleges. So it is not possible to give you the precise number we shall have at the close of the session. Our present number of matriculants is seventy-three, and I will venture to say, a more gentlemanly and intelligent class have never been congregated within the walls of any Medical College.

Our class ought to be larger than it is, did the medical profession do their duty to the Colleges in their respective States. The advantages afforded at the New York Homœopathic Medical College for a thorough course of instruction, ought to commend itself to every member of the profession, who feel that our cause is a just one, and should do all in their power to support the efforts of those who have undertaken this task as a labor of love, and not merely for selfish and mercenary motives. In doing this, they will relieve their students from daily insults of Professors and students of Allopathic Colleges, to which homœopathic physicians now recommend their students to attend.

Is it not strange that the worst enemies of the Homœopathic Medical Colleges of our country are to be found in the walks of our own school? Strange, that men who are countenanced and despised by the Professors and students of allopathic schools, and whose philosophy of the healing art they disbelieve, should yet support that system with material aid, and suffer those Colleges which teach their peculiar philosophy, (at least that which they profess to follow) to be supported publicly by a small number of those who, comparatively are converts to the law of "*Similia similibus curantur.*"

Yours truly,

J. BEAKLEY.

NEW YORK WOMAN'S INFIRMARY.

We learn from the "*Home Journal*" that the Annual Meeting of the Woman's Infirmary Association of Washington Heights was held at the Fifth Avenue Hotel, in New York City, on the evening of the



fifth of Dec. Dr. D. D. Smith was called to the chair. After a few opening remarks, he introduced Judge Edmonds, who had been invited to read the reports, which showed that, during the year, one hundred and fifty-four patients had been treated, of whom more than one-third were free; no deaths had occurred. The treasurer's report showed that \$2,500 of the debt of the institution had been paid during the year, and the house maintained from the receipts from "paying patients," donations and subscriptions. The following managers were elected: Mrs. George W. Hatch, first directress; Mrs. George Y. Gilbert, second directress; Mrs. T. Pictou Rowe, secretary; Mrs. G. W. Leake, treasurer; Mrs. D. W. C. Ward, Mrs. John H. Macy, Mrs. Drake Mills, Mrs. F. W. Haynes, Mrs. Mary B. Summer. Honorary members of Board of Managers.—Mrs. Wm. H. Greenough, Mrs. Dr. Bayard, Mrs. R. M. Blatchford, Mrs. M. H. Duckworth, Mrs. Marshall O. Roberts, Mrs. R. D. Livingston. After the election of officers took place, Dr. Smith said that he felt a peculiar interest in the success of the institution, as Dr. Mitchell had done him the honor to consult him in his first step toward establishing it, and he had been one of its earliest managers; that the gentlemen being too much occupied to attend to the duties of their office, had elected ladies to supply their places. He gave statistics showing the advantage of the homœopathic over every other other practice in pestilences and hospitals. He thanked Dr. Mitchell for being the pioneer in this good work, he having long felt the want of it; but, being occupied with his profession and the professorship of a college, he was unable to take the responsibility, and he wished and predicted its continued and complete success. Dr. Smith was followed by Judge Edmonds, who said that, in May, 1864, an opening ceremony was held at the Infirmary, and, in reading the treasurer's report, he was struck with the fulfillment of his prophecy, made at that time, that the generous spirit of New-York would sustain any charitable work in which the public could have confidence. The managers could boast of an unprecedented success, that, in the very infancy of their institution, in the short space of one year, debts amounting to \$2,500 should have been paid, and the institution maintained; and bade the ladies be of good courage, that the liberal community of New-York would not fail to support such a charity, in such hands. The meeting then adjourned *sine die*.

The MEDICAL STAFF of the above excellent institution is thus arranged: Physician and Surgeon, J. W. Mitchell, M. D. Consulting Physicians, John F. Gray, M. D., Edward Bayard, M. D. Consulting Surgeons, Alexander Hosack, M. D., J. A. McVickar, M. D.

Personal Notices.

Angell.—H. C. ANGELL, M. D., of Boston, will be the Editor of the *New England Medical Gazette*, a monthly journal of homœopathic medicine, surgery and the collateral sciences. (24 pages, octavo, per month at \$2 per year, first number to be out by the 15th of January).

Hempel.—Prof. Hempel is still at Grand Rapids, Mich., pursuing his literary labors, and attending to a large practice.

Johnson.—At the recent fire in Bay City, Michigan, Dr. Norman Johnson lost the records of his practice, which he had been accumulating for over two years. Such a loss is a calamity to the whole profession. The Doctor is young and we hope he will soon be able to retrieve the disaster.

Lowe.—We are pleased to add the name of LEWIS G. LOWE, M. D., to our list of contributors. Dr. L., after graduation, spent some time in studying and investigating homœopathy, partly to satisfy the importunities of friends, and partly to demonstrate its absurdity, when to his surprise he became convinced of its truth. We hope to receive frequent contributions from his pen.

Ludlam.—We have long felt the want of a reliable text book on the Diseases of Women, and are much gratified at being able to announce that Prof. Ludlam has already in an advanced state of preparation a volume of Lectures on this department. As the Professor is one of the best writers in our school, and qualified by large experience to treat of the maladies of women, we shall look for a very valuable work.

Merrill.—S. A. Merrill, M. D., has removed to Council Bluffs, Iowa.

Pengelly.—R. Pengelly, M. D., has removed to St. Josephs, Mich., his former field of labor.

Peterson.—J. C. Peterson, M. D.—We have the pleasure of presenting our readers with an article by Dr. J. C. Peterson, now of Union Springs, N. Y. Early in the war the Doctor left a prosperous

practice in St. Johns, N. B., and offered his services to the Union. Having received a military education, he was appointed to a position in the regular army, which he held up to the time of the dissolution of the rebellion.

Dr. Peterson returns to professional life, and we hope often to have the gratification of presenting the profession articles from his versatile pen. As Associate Editor of the North American Journal, he furnished several papers of unusual merit. Our already able and industrious corps of contributors will welcome him as a co-worker in the good cause.

Obituary.

DIED, in Pontiac, Oakland County, Mich., Nov. 30th, ABEL W. WALKER, M. D., aged 26 years.

Doctor Walker was the son of A. Walker, M. D., an eminent physician of the same place, and one of the oldest homœopathic practitioners in the State, and at present President of the Michigan Homœopathic Institute. He commenced the study of medicine in his father's office in the spring of 1858, and the ensuing winter attended a course of lectures at Cleveland, Ohio, and the two following winters he attended the Homœopathic College at St. Louis, where he graduated at the close of the session in 1861.

On his return from College he entered at once upon the practice of his profession, in partnership with his father.

He was not among those who seek to obtain the honor a diploma confers, by fraud and deception, but devoted himself assiduously to study for the full term of three years, attending three full courses of lectures, and stood at the head of his class. He accordingly entered upon the duties of practice well qualified, and rapidly rose to an enviable standing in his profession. He was quick and correct in apprehending the import of symptoms, and evinced an intimate knowledge of therapeutics in his selection of remedies. His untiring devotion to business, together with his pleasing address and uniformly kind and amiable disposition, had secured him a reputation as a physician, seldom attained so early in life, and not often in maturer years. The community in which he practiced regarded him as a young man of unusual promise, and deeply feel his loss. He had the respect of his professional brethren of both schools, in a high degree, both as a

man and an honorable competitor. By his death his father has lost an active, energetic and dutiful son, and much needed professional aid ; his wife a kind and devoted husband ; the community an honorable and useful citizen, as well as a successful and reliable physician ; the church a devoted and consistent member, and the profession one of its most promising practitioners.

The providences and permissions of our Heavenly Father seem often mysterious if not harsh and cruel. Yet we know that infinite wisdom reigns, prompted by infinite love. And the Lord, who is *wisdom* itself, and *love* itself, and unchangeably the same, can do nothing harsh or cruel ; neither does he permit, except for our eternal good. The Divine providence, in all its operations, *ever* has respect to the *eternal*, while man is ever prone to regard the *temporal*. Could we view his departure as the angels see it, we should most certainly be able to say, freely and from the heart, "Thy will be done."

Doctor Walker may truly be said to have given his life for others ; for he attended to the duties of his profession at least one week when he ought to have been in bed. Had he given up sooner, the termination would most likely been different. There was one feature attending his funeral that should not be passed over in silence. The physicians, both homœopathic and allopathic, attended in a body, the latter thus showing that their humanity could triumph over their prejudices, setting an example worthy to be followed by their brethren, and entitling them to the respect of their fellow men. As an intimate friend, and as one who well knew his worth, the writer, in common with others, can but deeply mourn his early death.

" Oh ! why has worth so short a date ? "

Detroit, Dec. 10th, 1865.

E. H. D.

[The above was written for the Dec. No., but came too late for insertion.]

Duffield.—HENRY DUFFIELD, M. D., a much respected member of the American Institute of Homœopathy, died on the 5th of December, 1865, (æt 66) at the house of his son-in-law, Robert Strawbridge Esq., near Elkview, Chester Co., Pa. He had been in close attendance upon his sister, Mrs. Sophia D. Hodgson, who died of typhoid fever, and finally fell a victim to the same disease. At the time of his death he was an Elder of the Presbyterian Church, and Sunday School Superintendent. Learned, zealous and affable, he will be lamented by all who knew him.

Church.—Mrs. Eliza A. Church, writes: "Bonus, Dec. 20th, 1865. It becomes necessary that I write you of the death of my husband, Dr. R. C. Church. His disease was typhoid fever. After treating a large number of cases successfully, he fell a victim to it himself. Although he had the best of medical attendance, after four weeks of intense suffering he left us for his eternal home, on the 17th of July last."

DEFERRED ARTICLES.

The March number will contain—

IMPACTED FRACTURE OF THE NECK OF THE FEMUR, by LEWIS G. LOWE, M. D.

TREATMENT OF PNEUMONIA NOTHA, by J. C. PETERSON, M. D.

ON THE DOSE, by E. P. MOSMAN, M. D.

POPULAR FALLACIES CONCERNING HOMŒOPATHY REFUTED, by JOSEPH HOOPER, M. D.

IS PHTHISIS PULMONALIS CURABLE? by DR. MEYHOFFER, Nice.

TRITURATED TINCTURES, by THOMAS NICHOL, M. D.

ÆSCULUS HIPPOCASTANUM.

MEDICAL ETHICS, by L. BARNES, M. D.

Reserved for Future Notice.

Taking cold (the cause of half our diseases), its nature, causes, prevention, cure, etc., by JOHN W. HAYWARD, M. D., M. R. C. S.

CRIMINAL ABORTION.—A Lecture by JOHN C. SANDERS, M. D.

NEW REMEDIES.—In answer to many enquiries we wish to say that the new edition of "New Remedies" has been thoroughly revised and enlarged by addition of several medicines, and being about one-third larger than the old, will probably take four months to print. It might be hurried through sooner, but we wish to have it much more correct than the first edition.

DR. BURT promises a paper on "*Agaricine*."

ANOTHER JOURNAL.—The Boston Academy of Homœopathic Medicine have in view the publication of a Magazine to supply their local needs.

Practice of Medicine.

“IS PHTHISIS PULMONALIS CURABLE?”

BY DR. MEYHOFFER, NICE.

Under this head Dr. Casanova delivered a lecture at the last Northern Homœopathic Association meeting at Huddersfield.

The importance of the subject, the immense number of lives threatened by this fatal disease, will be sufficient reason for urging every one of our profession to contribute, according to his experience and ability, to the elucidation of so vital a question.

A large personal experience in this country, whither invalids laboring under this scourge of humanity are crowding from every corner of the globe, may excuse our taking the liberty of adding a few remarks upon the subject which Dr. Casanova advocates so ably, and with so much candor.

Some preliminary considerations on the etiology of phthisis pulmonalis will facilitate our object.

The times when inflammation was considered the root of every evil are fortunately past, and we are far from any inclination to revive their gory shades. All, or nearly all the pathologists of the present time have reduced the inflammatory origin of tubercles to a very narrow limit. The fact that we find in some cases after pneumonia and pleurisy, tubercles at the very seat of inflammation, while in no other parts of the lungs nor in any organ similar deposits exist; further, the circumstances that tubercles have been found in false membranes, justifies the admission of a relation existing between inflammation and their production; but at the same time this last observation shews the tubercle to be something peculiar and different from coagulated lymph. These tuberculous infiltrations are in the beginning local, and may remain so, under favorable circumstances, but they generally, sooner or later, invade the whole system.

Medical science is yet a stranger as to the primary cause of the production of tubercles. The blood of tuberculous individuals offers no specific modifications in its composition: the diminution of globules,

the increase of fibrine, present nothing characteristic, as the same state of blood is also to be found in other diseases.

If the immediate cause of the formation of tubercles is unknown to us, we can at least affirm with positive certainty that *bad nutrition and weakness of constitution* bring on a great *disposition* to tubercular deposits. This seems to be the reason why we so often observe tuberculosis in the lungs of those who have suffered in their childhood from strumous affections. Nearly the first question we address to a patient in whose lungs we suspect the existence of tubercles, is, if he has had any scrofulous disease in his youth? We indicate by this the connection we establish between the two diseases.

A few words upon the relation of one of these maladies to the others will not be superfluous.

By strumous affections we generally understand inflammation of the skin (exanthemata scrofulosa) and of the mucous membrane (ophthalmia scrof. otorrhœa), hypertrophy and inflammation of the lymphatic glands, &c., when they recur frequently, without being provoked by external injury, and evince at the same time obstinate resistance to treatment.

Children who have never suffered under any of these complaints, but are thin and weak, with a delicate transparent skin, through which the veins may be traced, long and slender bones with small and flabby muscles, large stomach—in short, evincing signs of a deficient nutrition, the public and the physician pronounce them at once to be scrofulous. These children while young manifest a great liability to hydrocephalus and croup; when older, unless their constitutions become stronger, fall an easy prey to consumption.

Tubercles are therefore not the *consequence* of scrofula; no, but the cause which produced, in infancy, meningitis tuberculosa, tabes mesenterica, swelling and suppuration of the glands, caries and necrosis of the bones; in later years produces deposits of weak organic power, (only destined to be reduced into molecular detritus,) *weakness and deficient nutrition*.

In some individuals, at the age of puberty the respiratory muscles of the neck are observed to be atrophic, and unable to support the chest, which, sinking away from it makes the neck appear too long; the intercostal muscles being weak and thin, the space between the upper ribs is consequently wide, and thus the chest becomes long and flat. This form of thorax is usually considered as belonging to candidates for phthisis pulmonalis, but it is very far from being always the *case*.

Another category of the same type presents a characteristic feature which is frequently mistaken as a sign of confirmed tuberculosis of the lungs.

It consists of young persons from fifteen to twenty years old, who for the most part have been subject in their childhood to frequent bleedings at the nose, which subside as they advance in age, but only to give place to symptoms of a more alarming nature, viz.: spitting of blood, and even hæmorrhage. If we investigate these cases, we find in most of them the patients to have been orphans very young, having lost one or both parents from phthisis, or other constitutional disease; others have been the offspring of aged parents, or have suffered in their childhood from rachitis, or strumous affections. A rapid increase in height, without corresponding lateral development; general weakness, indicated by fatigue after moderate exertion; a feeble but excitable pulse; blushing without any apparent motive; spitting of blood, and often hæmorrhage, are the forebodings of coming evil, and still the most minute examination will detect no infiltration in the lungs.

In these cases we are obliged to admit an anomalous structure of the bronchial capillaries, as no hæmorrhage can take place without rupture.

When after long and exhausting illnesses, or impoverishment of the blood from long suppuration, in chlorosis and scurvy abundant hæmorrhages occur, we may explain it by a deficient nutrition of the capillaries resulting from a vicious nutrition of the whole system; but we cannot go so far as to say, in the cases under consideration, that bad nutrition of the capillaries in consequence of exhaustion of the organism through rapid growth, was the *cause* of the hæmorrhage. This hypothesis would not explain why in early youth the mucous membrane of the nose, and later, that of the bronchial tubes, yields to rupture, while neither in the brain nor in any other organ does hæmorrhage occur. We can only establish the fact that the bronchial capillaries in these invalids shows a great tendency to rupture, and that at a later period tubercular deposits in the lungs are always the fatal consequence.

In the post-mortem examination of those who have died of hæmorrhage and not of consumption, we are often surprised to find a total absence of tubercles. The bronchial tubes are filled with coagulated or liquid blood. In some cases the mucous membrane is of a dark red color, swollen, softened, and bleeding on a slight pressure; in others it appears bloodless and without color, no trace of ulceration or any rupture explaining the hæmorrhage. The lungs are stained and partly

filled with blood, the accumulation of which in the bronchii prevents the air from escaping, in that the corresponding parts of the lung do not collapse after the opening of the chest. A high degree of anæmia in all the organs is invariably observed.

We have already made allusion to hereditary influence on the production of tubercles. It is not to be denied that children of tuberculous parents manifest a great disposition to strumous or tuberculous affections; but it would be an error to believe that these children inherit the tuberculous disease itself; it is rather a weakness of constitution which disposes them to this malady.

Children whose parents have ruined their constitutions by excesses, syphilis, drinking, &c., or were too advanced in age at the time of generation, evince a similar tendency to tuberculosis, which nevertheless cannot be termed an hereditary disease. On the other hand, many children of tuberculous parents have proved strong and healthy, or become so by judicious nursing.

Next to hereditary weakness of constitution, an insufficient diet, either as to quantity or nutritive properties, is one of the most frequent causes of this disease, and begins even in the cradle, particularly when the mother has not sufficient milk, or when, from other reasons, the babe is to be brought up artificially; thence the same weakness of constitution ensues so very often, from disproportionate nourishment to the age and digestive powers of the child, who nevertheless brought no hereditary taint into the world. This explains also why strumous and tubercular affections are more frequent among the poor than among the rich—the former subsisting generally on a scanty vegetable diet, and why the prevalency of tuberculosis increases in proportion to the number of the poor.

Another interesting fact, corroborating the preceding statement, is, that in chronic diseases of the stomach, particularly ulcers, which prevents the assimilation of the food, tubercular deposits ensue. Dittrich remarks, also, that tuberculous infiltrations in the lungs are constantly observed in those cases where stricture of the œsophagus, or abstinence from food in madness, cause want of nutrition.

We further observe the development of tubercles, in otherwise strong and healthy constitutions, by diseases which are characterised by a loss of substance necessary to the nutrition of the system. Thus, diabetes mellitus in adults has, as a constant sequel, tubercular deposits in the lungs. Prout and Rayer as well as the German pathologists, have remarked that all patients who sank under the marasmus consequent on diabetes, were affected with tubercular infiltration in th

respiratory organs. According to the same writers, tubercles always appear in cases of glycosuria where the elimination of glycoses takes place in considerable proportion and during some time.

A similar result has been observed (Bouchardat) in cows which, by a particular treatment, have been trained to yield an enormous quantity of milk. These cows, after some time, are continually hungry and thirsty, and notwithstanding the large amount of food they take, grow thin and weak, and are often carried off by sudden pneumonia. But generally they are killed as soon as they begin to fall away, and even then, with very few exceptions, tuberculous infiltrations in the lungs are regularly observed.

We shall only mention, on this point, the frequency of tuberculosis in women who are nursing too many children, or too long a time for their constitution.

Among other causes disposing to tuberculosis, are to be named chlorosis, tertiary syphilis, acute exhausting diseases, and affections of the skin (scarlatina, measles), pleurisy with profuse effusion, bad habits, (onanism, &c.,) continual depression of spirits, and grief.

Next, perhaps, in degree of influence to the preceding causes is cold. English physicians have clearly proved that the black troops transported from a hot climate to a cold one, fall victims to phthisis in much larger proportion than northern troops placed in the same conditions. The statistics of mortality among the black and European troops stationed in moderate or cold climates admit of no doubt in this respect. The same observation is made in the Zoological Gardens, where animals coming from the south are generally carried off by tubercles in the lungs. Under a steady continuance of cold, the power of reaction at length becomes exhausted, so that a condition of debility ensues; and experience has shewn that the debility thus induced often assumes the character of the tuberculous diathesis. Hence, chiefly, the greater prevalence of the disease in cold than in warm climates.

As exciting causes may be mentioned all those which exercise a directly irritating influence on the respiratory organs. Thus cold, as by its continued action it is a powerful cause of the diathesis, so also by its intermittent action is it a no less powerfully exciting cause of the local affection. It operates chiefly by producing catarrh, pneumonia, and pleurisy, so often the incipient stages of the tuberculous deposition. In this category may also be ranged the different occupations, predisposing to consumption, which expose the individual to the inhalation of acrid or irritating particles of matter such as stone-cutting, dry grinding, feather dressing, &c.

As to the phthisis of the clergy, singers, and all those who have often spoken in public, we think that the predisposition to it was in most cases already existing, and the fault was the having chosen a profession for which the system was not qualified.

Females are more subject to phthisis than men. They live, generally, under less favorable conditions. The salary for many of their occupations is insufficient, even for the most necessary nourishment; further, their organization is more delicate, and exposes them in a higher degree to diseases of relaxation and debility. The sedentary habits of women, as well as a keener sensibility, and probably greater exposure to the various depressing emotions, may equally account for the frequency of chlorosis as that of consumption.

In examining the several causes favourable to the production of phthisis pulmonary, we think that they may be resumed under three heads:--

1^o Hereditary weakness of constitution.

2^o Deficient nutrition.

3^o Irritation and inflammation of the respiratory organs.

There is perhaps no physician, conversant with the physical examination of the chest, and of any experience in pulmonary diseases, who has not met with some cases where auscultation and percussion discovered unmistakeably the existence of ulceration in the lungs, which some months afterwards could not be detected. The places where cavernous breathing and vocal resonance, or metallic tinkling had been heard, are, at this later period, characterised by the absence of vesicular respiratory murmur, more or less distinct bronchial breathing, without any moist rales; dullness on percussion, and depression of the corresponding part of the chest. At the same time the patient has gained flesh and strength; his cough has disappeared; in a word, the ulceration has been cicatrized. The fact that such does occur is corroborated by numerous anatomical observations, demonstrating that the tubercular deposits in the lungs have been transformed into a cretaceous mass, consisting chiefly of phosphate of lime, enclosed in a fibrous tissue, and so are isolated from the normal parts of the lung, and the cavities, if not too large, become reduced to mere scars, by the gradual contraction and final adhesion of their walls.

These facts are a plain answer to our question; but we must further enquire under what condition, and by what means, so favorable a result can be obtained.

The question whether the disease is hereditary or acquired; the extent of the tuberculous infiltration in the lungs, or of similar depos

its in other organs; the stage of the disease, and the conditions in which the patients live—even their temperament and moral dispositions—all influence the prognosis.

Speaking generally, phthisis pulmonalis is no longer the dread disease, whose name alone was equivalent to the doom of death. Since the causes of tuberculosis have been studied more carefully, the treatment has been more successful, and in direct proportion has the prognosis lost its gloom. There is no malady in which the prolongation of life and restoration to health depend so much on external circumstances, on judicious nursing and treatment. A great number of patients may be saved, who formerly, or even at the present time, have been and are hastened to their graves by the derivative or anti-phlogistic method.

The cases enabling us to give the most favorable prognosis, are those where the local affection is of slow growth, the pulse not sensibly altered, the digestion unimpaired; here even ulceration, if not too considerable, will not prove an insuperable obstacle to recovery.

A constantly frequent pulse and unremitting high fever are symptoms which, with rare exceptions, justify the worst apprehensions. This is the reason why, generally, young patients succumb, relatively, in so short a time. Extensive ulcerations, infiltrations in both lungs, complications of tubercular deposits in other organs, indicate a certain and prematurely fatal end.

The treatment must be adapted to the *indicatio causalis*, i. e., *the nutrition must be improved to the utmost*, and every exciting or irritating influence on the lungs carefully avoided.

The child of a tuberculous mother, or of one affected by any constitutional or other disease, or with general debility, should be provided with a healthy nurse. After weaning, milk and broth, or beef-tea, is—to the exclusion of all other—the nourishment to be given to such a child, till after the first period of dentition, and from thence forward roast meat should be added. Yet it is often difficult, and in many cases nearly impossible, to find a good nurse. We have often been obliged to bring infants up on cows' milk, and we confess that we prefer by far this artificial means, to a nurse who does not possess the requisite qualifications, provided cleanliness and rigorous exactitude accompany its administration. We need not mention, that at first the milk must be diluted with water and sweetened. For the first month milk alone is to be given, then broth, till meat can be allowed.

This is the diet necessary to be observed during childhood, when

strumous affections, or even only scrofulous diathesis exists. An anti-scrofulous diet consists in the avoidance of food rich in fecula and vegetable cellular tissue, and poor in azote. Meat, eggs and milk are the substances to build up an organism able to resist and vanquish this hereditary taint or delicacy of constitution. We do not mean to say that the child is not to eat any bread. Determine the quantity of milk it is to have, and afterwards give a biscuit or piece of stale bread; in this way the one or the other are richly mixed with the saliva, the fecula is immediately transformed into sugar, and therefore more easily assimilated than in the form of pap or soup; and further, the child is inclined to drink more milk if it eat its biscuit dry. The same diet is to be observed in acquired scrofula.

It is further of the greatest importance not to send delicate children, or those with a scrofulous tendency, too young to school, or to let them follow studies which induce hard intellectual labor. Direct the education first of all to physical development, by gymnastics and horse exercise; the studies, to agriculture, the navy, or any profession which requires muscular exercise. Children whose parents are too poor to afford meat every day, may be fed with lentils, peas and beans; these vegetables, being rich in albumen and phosphates, come next to meat in nutritive value. They should not be sent to factories, or be apprenticed to tailors and shoemakers; let them be made joiners, coopers, or, better still, butchers or farmers.

Youth of both sexes, and adults, evincing the signs of deficient nutrition, by pallor of the skin and the mucous membranes, and tendency to bleeding at the nose, will derive great benefit from a summer residence in the mountains, at from 2000 to 6000 feet above the level of the sea; or a visit to the mineral waters of Pyrmont, Driburg, Schwalbach in Germany, or St. Mariz in Switzerland,—the latter place being preferable, on account of its high situation in the Alps, in lymphatic constitutions, with sluggishness of the vegetative and animal functions. The chalybeate waters named are rich in carbonic acid, and are therefore assimilated without causing any trouble to the digestive organs. It is not necessary—nay, it is often injurious—to take large quantities; one wineglassful daily often produces, in a short time, the best effect; the appetite increases, the symptoms of anæmia disappear, the bleedings at the nose cease, and the muscular system shows more energy.

It need hardly be observed, that in lieu of those trades or employments which exercise a directly irritating influence on the lungs, others, less injurious to the respiratory organs, must be followed.

In incipient tuberculosis pulmonalis, particular care is required to prevent hyperæmia of the lungs, to which, in these cases, there exists so great a tendency. Every excitant, such as tea, coffee, and alcoholic liquors, must be avoided; singing (which in other cases is even useful) dancing, riding on horseback, or any other violent exercise, are not to be allowed; while, on the other hand, regular and moderate muscular action, according to Ling's or Scheffer's gymnastic system, is of great utility,—both are well adapted in their different proceedings to re-establish normal circulation. Individuals inclined to palpitations of the heart, congestion of the lungs, and spitting of blood, with a harsh respiratory murmur at the apices of the lungs, ought to be put at once upon a milk diet. In Germany the use of whey is much resorted to in these cases, and numerous large establishments have been formed for this particular kind of treatment. This serum lactis, whose nutritive elements consist chiefly in casein, different salts, sugar, and traces of butter, has a slight aperient effect on the bowels, and a decidedly sedative influence on the respiratory organs. Combined with milk diet, it will frequently arrest the progress of the disease.

Those cases where frequent bronchial catarrhs indicate the incipient stage of tuberculosis demand a special attention. The patients must be gradually accustomed to the changes of atmosphere and temperature; cold ablutions, the wet sheet, lake or river bath will answer this purpose. If, notwithstanding these prophylactic measures, the catarrh becomes more obstinate, the mineral waters of Ems, Obersalzbrunn, Reinerz and Soden must be resorted to; no medicine will in so short a time afford so much real benefit. Highly beneficial as these waters are in the early stage, they will be found equally injurious at the more advanced periods of the disease.

Indicatio morbi.—All remedies recommended as specifics have proved failures, having all been based upon false theories; any advantage that has accrued from them has arisen from their influence on nutrition or from their having diminished the hyperæmia of the lungs, rather than from their bearing any relation to the *indicatio causalis*.

To this category belongs *milk diet*. The patients take the milk fresh from the cow at regular intervals, and in a quantity they can easily digest. The milk from cows grazing on mountains or in meadows is to be preferred to that of stall-fed cattle. Beside milk, no other nourishment should be permitted than roast meat, rather underdone, stale bread, beef tea or broth, cream, and cheese.

Milk is not easy of digestion to many persons; the reason of it

with some is, atony of the stomach from general debility ; with others, the use of spices, which destroy the sensibility of the gastric nerves. Milk excites therefore no longer sufficient reaction of the stomach ; the result is, inadequate secretion of the gastric juices and indigestion. Where this is the case, the addition of a teaspoonful of Jamaica rum, or good old brandy, to a tumbler of milk, will serve to stimulate the gastric functions ; instead of brandy, common salt will often have the same effect. The quantity of milk for daily consumption is from one and a half to two quarts.

Milk diet will particularly suit young persons of both sexes, with a frequent pulse, palpitations of the heart, congestion of the lungs, and tendency to hæmorrhage, and such as have overgrown their strength. This diet must be continued till the general nutrition is greatly improved and the circulation has returned to a normal state.

Next to milk—with many physicians, indeed, *before it*—comes cod-liver oil, whose efficacy has in it, in the opinion of a great number, something specific ; due, according to them, to the presence of iodine. Though we do not consider this substance in the same light, we cannot deny to it a special influence in strumous affections ; thus in lupus scrofulosus we have had several times occasion to observe its rapidly favorable influence, causing the disappearance of this unsightly exanthem from the face, after every other remedy had utterly failed. Others, who consider phthisis pulmonalis to be the result of a diminution of the animal caloric, produced by a supply of carbonaceous food, inadequate to the wants of the organism, behold in cod-liver oil nothing else than an agent, like any other oil or fat, which, binding the oxygen, furnishes the animal machinery with fuel, only destined to produce by its combustion the necessary amount of physiological heat, and thus to arrest the disease.* Here, again, is a great deal of error mixed with some truth. The fact is, that carbonaceous substances have a greater affinity for oxygen than nitrogenous ones ; the

* These views are the consequence of Liebig's theory of nutrition, according to which the nitrogenous alimentary substances are exclusively destined to the formation of the various tissues composing the animal organism, while carbonaceous food is only devoted to combustion, taking no organic form in the animal economy, [Liebig's *Chemische Briefe*, p. 80.] and possessing no vital properties.—[Ibid., p. 81.] "Nature has destined carbonaceous food to maintain the caloric source in the organism of animals, therefore all nutritive substances are most wisely mixed to this end."—[Ibid., p. 484.]

This theory is exclusive, and not one of the assertions is correct. There is not one of our organs whose existence is not due to the presence of oxygen ; our cerebral functions would be immediately suspended as soon as the supply of oxygen should cease. Our muscles, bones, ligaments, nerves, &c., are formed and exist by slow but uninterrupted combustion. On the other hand, fat takes no inconsiderable *organic* part in the animal physiology ; our noblest organ, the brain, would be deprived of its action without a large proportion of organized fat in its construction. Even Liebig is obliged to recognize "that fat contributes to the formation of cells ;" but he should have been more consistent, and not having deprived this substance of its important organic share in chemical physiology, for both the nitrogenous and carbonaceous nutritive elements unite in the formation of our organs, and maintain them in a normal physiological condition.

combustion of the former is therefore quicker, while in the same proportion that of the latter is slower. It is doubtless of no small importance, in phthisis, to preserve the albuminous tissues from too rapid consumption.* It is evidently owing to this chemical property that the fat of dogs has enjoyed, since olden times, so highly popular a reputation in Germany, as a panacea against phthisis pulmonalis.

Whatever differences of opinion there may be on this question, the practical result is that cod-liver oil is an important agent in the treatment of phthisis pulmonalis, whether regarded from a physiological point of view or from observations made *ex usu in morbis*. It produces its best effects on lymphatic, strumous individuals; these require at the same time a rich nitrogenous diet; but it is also well adapted for those patients for whom we have indicated the milk diet, with which it can easily be combined. The use of this oil demands that the digestive functions be in good order. Under this condition, the cases will be very few where it causes any inconvenience; on the contrary, it generally increases the appetite, the appearance of the patient improves, the cheek bones lose their prominence, the skin looks healthier, and muscular action is more vigorous. It is advisable not to continue its use too long without interruption.

Cod-liver oil, independently of its therapeutic effects, is most necessary in the treatment of phthisis in cold climates, to compensate for the great expenditure of caloric; in the south, it is only during the winter that it will be desirable, as when the temperature is higher it usually causes gastric disorder. Those with whom the oil disagrees may, instead of it, take butter, cream, bacon, olive oil, &c., more freely.

As repeated bronchial catarrhs and congestion of the lungs are not seldom the cause of tubercular deposits, so may they also hasten the transition to phthisis, when the former already exists. To prevent these catarrhs, and to place the patient under conditions where he is less exposed to contract them, the change to a warmer climate has been long since recommended. A mild temperature, the possibility of enjoying fresh air several hours daily during the whole winter, must certainly contribute to soothe the irritation of the bronchial tubes and improve nutrition.

Various southern places have been by turns commended and disparaged as winter residences. This difference of opinion is chiefly to be attributed to the want of acquaintance with the peculiarities of

* This is proved by Bischoff's experiments, as he found in the urine of a dog, which was fed with meat without fat, more urea than in that of another, to which he gave the same quantity of meat with fat.

the different hibernal stations, and too often to the circumstance that the patients are sent away from their home at *too late* a stage of the disease. We cannot here insist too strongly that a small, constantly frequent pulse, and the presence of tubercular deposits in the bowels, are indications against any change of place, whatever the condition of the lungs. It is a cruelty to send such invalids on a long, wearisome journey, to find in a foreign country a stranger's grave.

Patients with a strumous constitution, slowly progressing disease in the lungs, languid pulse, torpor and want of activity in the system, —elderly persons with acquired tuberculosis from overwork, or in consequence of typhus, pneumonia, pleurisy, chronic bronchitis, gastritis, &c., will derive great advantage from the climates of the following stations on the Mediterranean : Cannes, Nice, Mentone and St. Remo. There is *no essential* difference between these places ; their climate is dry, exciting, and stimulates the vegetative and animal functions ; the contractions of the heart become more active, the blood circulates more freely, the appetite increases, the sluggishness of the bowels gives place to a regular action, and the muscular energy gains gradually in endurance ; cough and expectoration, after having often been increased in the beginning, diminish without medical aid. But in either place, the choice of a residence is most important, as the difference of aspect and situation in the same locality is often almost incredible to persons unacquainted with them. No physician, of any experience and knowledge of the topography of these stations, will advise patients with a delicate chest to live near the sea, this position being too much exposed to the winds. Cough, even spitting of blood, and sleeplessness, are often the consequences of consulting taste and convenience rather than health, in the choice of a residence.

Hyères will suit such of the above invalids as are of an excitable nervous temperament, the air there being softer and more moist.

We need not here say that a great mobility in the circulation, a frequent pulse, palpitation of the heart, tendency to congestion of the lungs and hæmoptysis, and an excitable nervous system, forbid a residence in such climates ; these require, on the contrary, a moist, sedative atmosphere, like that of Madeira, Teneriffe, Corsica, Pisa, Pau, Venice, and some parts of Algiers.

In the course of a long residence in one of these places, the constitution frequently undergoes such a transformation, and the local affection is so modified, that a change to a more dry and bracing climate, or *vice versa*, becomes necessary.

Some countries offer by their topographical situations, several climates within the reach of a few hours' drive. Thus, the mountains of Madeira, Teneriffe, Corsica, Nice and Mentone are convenient summer residences for those who pass the winter there. The habit of spending the winter in the South and the summer in the North, is often paid for with life: it is only by accommodating the organism gradually to more bracing air, and after the disease in the lungs is reduced to its most favorable condition, that the return to cold, fogs and damp can be thought of.

Let us now consider how far the antagonism between phthisis and malaria, which Dr. Casanova so strongly maintains is correct. There is no doubt that the moist atmosphere in marshy districts has a sedative influence on consumptive subjects; we agree further, that in swampy effluvium there may be some peculiarity which, to a certain extent, counteracts the poisonous effect—which is believed by some to be the result (?)—of the introduction of tuberculous molecules into the circulation, and producing symptoms similar to those of intermittent fever; but we are very far from considering the antagonism of these diseases to be proved. Bang (1789), Harrison (1802), Wells (1812), were the first to propagate this opinion in England. Among modern writers, Boudin is one of its most ardent supporters, and tries to substantiate his advances by statistical facts. His writings have given rise to lively discussions, which proved *inter alia*, that in many localities where malaria prevails, phthisis pulmonalis is, not seldom, met with. Such was shown to be the case in Holland (Guislain, Gonzee, Schedel, Sybrandi, &c.); in Strasburg (Levy, Farget); in Bordeaux (Gintrae); in Rochefort (Lefevre); in Tours (Charcellan); in Corsica (Abeille). In the sanitary reports of Genest, extending over twenty years' observation in the East Indies and Brazil, not one well-established fact in favor of any such antagonism is quoted, while a great number are given against it (*Gazette Ned.*, 1843, page 563). Wolf (*Annalen des Charite Krankenhauses in Berlin*, 1850) observed, in the epidemic intermittent fever which prevailed during three years in Berlin, rather an increase of phthisis than otherwise. In the cachexia resulting from malaria, tuberculous infiltrations in the lungs are of no uncommon occurrence. We lately met with phthisis pulmonalis and laryngealis with large swelling of the spleen, in the case of a gentleman who had been laboring under malaria for several years.

Let these instances suffice to prove that malaria and phthisis

pulmonalis do not exclude each other ; and that marshy effluvium is no specific against tuberculosis.

We have given in the preceding pages an outline of the treatment we have adopted in phthisis pulmonalis, for more than fifteen years ; and it has contributed to the restoration to health of many patients, in the first and even advanced second stages of hereditary as well as of acquired phthisis. No doubt it is subject to many modifications, according to diversity of constitution, temperament, individual peculiarities, climate and external circumstances ; but we should have been surely at a loss what to do in many cases, if homœopathy had not been the banner under whose guidance we have been able, in the most unfavorable circumstances, to overcome the greatest difficulties. It is out of the question to sketch out here its therapeutical indications ; we shall but mention those medicines which have proved to us to be the most effective. These are, the various preparations of *Calcareæ*.

Calcareæ phosphorica in those cases where rapid growth, general emaciation and weakness are the prominent features. Before or after it, *Phosphoric acid* will often prove of great advantage.

Calcareæ iodata in strumous constitutions. All the other preparations, alternated with those named, constitute the basis of treatment.

When tuberculosis is complicated with some herpetic affection, *Calcareæ arsenica*, *Bromide of arsenic*, *Graphites*, *Hepar sulph. calc.*, and *Sulphur* are the most efficient. This is the form where sulphureous mineral waters are indicated. Eaux Bonnes and Allosard in France, Weilbach in Germany, and Weissemburg in Switzerland, enjoy in this respect a well-deserved reputation. The waters must be taken in small quantities, especially by those inclined to spitting of blood ; from a tablespoonful to wineglass a day, mixed with whey or milk.

Drosera, *Ferrum*, *Lycopodium*, *Natrum muriat.*, *Phosphorus*, *Silicea* and others will find, according to indications, a frequent and useful employment.

Frictions with bacon or cod-liver oil have for a time been highly commended, and will be of use in this way, when refused by the digestive organs. All other external applications are without any favorable influence on the disease itself, and, in many cases, even injurious.

We have been surprised to find the *fonticulus* so advocated by a homœopathic physician, when the same is proclaimed as useless by

the best pathologists of the modern schools. Certainly no physician would by any operation attempt to heal a fistula in a case where he finds tubercular deposit in the lungs, as the fistula might be an effect of the very cause that induced the latter; but where is the analogy between an artificial ulceration and one produced by internal causes? How can a disease, which is the result of a bad nutrition, be amended by creating a suppuration on the skin, in addition to one already existing in the lungs? If we admit the *fonticulus*, we must admit at the same time the whole system of *contraria contrariis curantur*, with its blisters, moxas, actual cautery, &c., and take up again what all schools have been so glad to get rid of. If the *fonticulus*, or any other *soi disant* derivative application, would afford a relief which we could not obtain by homœopathy, we should be too glad to put it at once into practice; but we consider it an act of simple gratitude and justice to the principles of homœopathy, to confess that they have always enabled us to alleviate, and in a large number of cases to effect the cure of phthisis pulmonalis.—(*British Monthly Homœopathic Review*).

For the American Homœopathic Observer.

THE TREATMENT OF PERI-PNEUMONIA NOTHA.

BY J. C. PETERSON, M. D., UNION SPRINGS, N. Y.

This disease, more commonly known as suffocative catarrh, is more particularly a disease of childhood, and until its treatment was demonstrated by homœopathy, was fatal in all aggravated cases.

The disease is ushered in by considerable fever, pulse accelerated and sharp, constant spasmodic cough, profuse accumulation of mucus in the bronchi, so that the child seems on the verge of suffocation. Eyes suffused, face red, and extreme restlessness. No perceptible alteration is observed in the first stages by percussing the chest, but as the disease advances the resonance is clearer. By auscultation, according to Flint, we have coarse and fine mucus rales, mingled with the sibulant and sub-crepitus rales. The sounds are best heard at the posteriors of the chest. There is generally more or less true bronchitis with every case. This disease is liable to be confounded with *œdema glottitis*, *croup* and *lobular pneumonia*. For the distinctive characteristics of these diseases, see *Marcy & Hunt's Practice*. Vol. 1, page 787.

The remedies most applicable in the treatment of this disease are, *Kali hyd.*, *Chamomilla*, *Pulsatilla nig.*, *Arsenicum*, *Bryonia*, *Phosphorus* and *Sticta pulm.*

The course pursued by my father, Dr. P. H. P., has been attended with success in every instance, and his selection of remedies seems so truly homœopathic to this affection, that I give it. He gives two grains of the 1st decimal trit. of *Kali hyd.*, in two ounces of water, and administered one spoonful at a dose, in alternation with *Cham.*³ and *Puls.*³, a dose every half hour to two hours, *pro re nata*. Under the action of these remedies the cough changes its character and becomes loose, and is attended with free expectoration of tenacious mucus, diminution of fever and restlessness. This treatment he adopts with young children. In treating adults he prescribes *Ars*⁶ and *Phos.*⁶, with the *Kali hyd.*¹, if the mucous membranes of the superior air passages are affected, if not, he gives *Bryonia alba*¹, in place of the *Arsenicum*.

I have found *Kali hyd.*, in all troubles of the mucous membrane of the respiratory organs, when characterized by an exaltation of their functions, *the* heroic remedy. The experience of the old school confirms our pathogenesis of this drug. "Dr. Laurie, of Glasgow, reports several cases of dryness and irritation of the throat, ending in severe spasmodic croup, sudden occurrence of dyspnœa, caused by the use of small doses of this *Iodide*. * * *"

Another author says: "This salt produces very marked effect on the secretions in general, which it increases and into which it enters. It has a tendency to irritate the mucous membrane of the air passages, as is shown by its sometimes occasioning an affection like cold in the head." I have used *Sticta* of late several times, and it must be considered a valuable remedy. I have used it in alternation with *Kali hyd.* with good results. My experience is that it acts better when given in this way than when administered alone. I have thus alternated it when we have oppression of the chest, dull, heavy pressure in the region of the frontal sinuses, burning of the eyes and nose, and profuse secretions from those parts, as prominent symptoms. I consider *Kali hyd.* and *Sticta pulm* as analogous in their head and chest symptoms.

TREATMENT OF PNEUMONIA, BY ALLOPATHISTS, MODIFIED.—It is gratifying to observe the recent modifications of allopathic practice. Prof. Bennett, in the *Lancet* of last February, published an extensive report on the treatment of pneumonia with restoratives, and in the work on Practice, by Dr. T. H. Tanner, just published, we find him declaring that *bleeding*, *tartar emetic* and *mercury* do more harm than good.

For the American Homœopathic Observer.

APOCYNUM CANNABINUM.

BY J. D. CRAIG, M. D.

X.X., 40 years of age ; bilious temperament. Has been very intemperate, and at different times had contracted gonorrhea and syphilis, which is supposed to have caused the present difficulty.

Four years ago began to be troubled with wheezing and dyspnœa, which increased rapidly until he was unable to lie in bed. Applied to different physicians, who all pronounced the disease Dropsy of the Heart, but he received no relief until he applied to an Indian Doctor, who, for a time, helped him very much ; but he was still unable to assume the recumbent position.

He applied to me, January 6th, 1864, when he was worse than ever before. He could walk with difficulty, owing to the dyspnœa. On examination found the pericardium very much distended with the contained fluid, and the heart's action scarcely perceptible. The countenance has a bloated and anxious expression. He has a distressing cough, which is increased by the least exertion, and a loud, wheezing sound is perceptible through the chest during an inspiration. I prescribed *Arsenicum*³ (decimal,) and *Ipecac*³, every two hours, alternately.

Jan. 21st. Has been somewhat relieved during the last two weeks. Continue the *Ars.* and *Ipecac*.

Jan. 26th. Not as well. *Arsenic*³, *Ipecac*³, every two hours.

Feb. 4th. No better. *Arsenicum* 2d dec. trit., one grain, *Apis*² one drop every two hours, alternately.

Feb. 10th. No better. *Arsenicum*^{1 2}, *Merc.* ⁶, every four hours.

Feb. 18th. No better, and is becoming extremely weak. *Apocynum cannab.*², one drop, *Merc.* 3d dec. trit., one grain, every three hours.

Feb. 24th. Being much relieved, and has passed more water than usual. Continue the *Apoc.* and *Merc.*

March 3d. Not as well. *Apocynum*² two drops every two hours.

March 10th. Better than he has been for years. Breathes comparatively easy, and his cough is quite loose. Continue *Apocynum*, as before.

March 19. Better. Has been able to lie down, for the first time in more than three years. Continued *Apocynum*.

April 7th. Still continues to improve. Sleeps in bed every night. The patient did not come back after medicine, and in a few weeks commenced light work.

Nov. 1865. Has taken no more medicine since I prescribed for him, and enjoys comfortable health. Is unable to do hard work. wheezes and coughs a little, but lies down to sleep in bed every night.

For the American Homœopathic Observer.

EPILEPSY CURED BY THE BROMIDE OF POTASSIUM.

BY E. G. COOK, M. D., BUFFALO, N. Y.

M. H., aged thirteen years. Healthy, to all appearance. At intervals of seven, ten and fifteen days, is attacked, usually at four o'clock, A. M., with spasms. The first admonition her mother has, her daughter straightens out in bed, and makes the noise peculiar to this disease. The face almost immediately becomes livid, and unless the temples and face are rubbed during the fit, dark purple spots remain for two or three days. Also a livid ring about the eyes. After from one to three minutes, the muscles relax, and she goes into a comatose sleep, in which she remains several hours. Feels languid upon awaking; head aches, and has a severe pain always at the pit of stomach, and sometimes nausea. She eats nothing for twenty-four hours, and then feels nearly as well as usual.

The mother consulted the best physicians of the old school, who advised a mild cathartic, which was all the medicine she used for a year.

At fourteen the catamenia appeared, which gave hope that this change might end these attacks. But these hopes were blasted by their return, without mitigation or change of time. The mother then consulted other medical advisers, who prescribed *Stramonium*. It was used without benefit. Nothing more was done from this time until she was sixteen, except that care which a judicious mother gave in regard to diet and exercise.

At this time she was treated two months with animal magnetism, which at first mitigated, then gave no relief. We were then consulted and prescribed *Cuprum aceticum*, in connection with electricity. These acted the same as the magnetism; relieved, perceptibly, at first, but soon went back into the old habit. At this time we prescribed *Bromide of Potassium*, two drachms to half pint water, a dessert spoonful three times daily. The relief was greater than at any previous time, both in severity and frequency; which gave hope that the remedy given stronger might be used with greater benefit, which proved true. She was given three-grain doses, three times daily, at first, and increased, until she took ten grains at one dose,

all the time improving. Hoping the doses might be lessened, we began to diminish, but it would not do, and the ten and twelve grain doses were given until the case was entirely cured, in about six months. No ill effects have resulted. The patient has remained well eight months, and is now eighteen years old; her intellect sound. She appears to be healthy, and a more beautiful young lady can scarcely be found.

Materia Medica.

ÆSCULUS HIPPOCASTANUM.

PROVING BY ^{DR.} T. C. DUNCAN.

Æt 24, nervo-bilious temperament, predisposed to weakness of bowels from protracted diarrhœa while in the U. S. service. Medical student; studies hard, walks about eight miles per day.

May 6, 1865. Weather has changed to very cold. Feel slightly chilly at times. Slept well but hard. Rose at 5.45 A. M. Busy bodily till 7.30. Breakfasted. At 10 A. M. took *Æsculus hipp.* gtt., xij, second decimal dilution of the macerated nut, macerated three months in pure alcohol.

Symptoms : Slight nausea, eructations; slight uneasiness in region of left causality; shooting pain in left eye; loss of memory, unable to fix the attention; soreness in epigastrium; pain in back of neck; pressure in region of right ear; great heat in internal organs, or near the epigastrium. Stool at 2 P. M. 8 P. M. Continual pain in back, shoulders and neck, at times with pricking sensations, fullness in both ears; pain in right nasal bone. Coryza profuse, with a feeling of fullness in the nose and forehead, as if had taken cold. Fullness at epigastrium; fullness and itching at the anus after walking a mile; pricking in hands after washing them; feeling of languor; dull pain in back; nausea three hours after tea.

May 7th, 6 A. M. Slept well, but felt very sore on waking; eyes filled with tears; left nostril filled with thick mucus, right one empty, pressure in bone on left side of nose; same at root of nose; pain, dull and heavy, in back of neck; posterior nares empty, used to be full of mucus in the morning; itching in anus with some heat. At 8 A. M., took 15 gtt. Pain in neck; confusion of ideas; heat and pressure at the anus. No stool to-day; have not studied any.

May 8th, 7 A. M. Slept well, awoke at the usual hour. Took 20 gtts. of 1st dilution. Nausea; mouth and pharynx feels irritated; pressure, burning, itching and fullness at anus; rubbing will produce extreme flow of blood to the part; flashes of heat over body; soreness of neck with pricking sensations; heart, lungs, stomach and brain feel as if an undue amount of blood was there; twitching over region of heart. Stool at 8 A. M. Very costive, great straining, fæces in balls; urine hot; fullness of the skin as though there was too much blood in body. Rubbing after washing the face produces red spots under the skin; swelling of feet after walking usual distance; soreness of corns; soreness of throat; mind clear; optical illusions; calves of legs sore; mucous surface of mouth and pharynx dry; mucus ropy with a sweetish taste; frequent urination.

May 9th, 6 A. M. Slept hard; distressing dreams; thought was in a battle; fought hard; great excitement. Awoke troubled, and found I was lying on my back; turned on right side; thought I saw a man in my room. Went to sleep again; awoke at 5:30; felt very sore all over, especially calves of legs, muscles of thighs, back, shoulders and neck; also of upper extremities and chest; feet still much swollen; slight enlargement of cervical glands; sore to touch; limbs feel heavy, stiffness of joints, fullness of dependant parts. Mouth and pharynx dry and sore, deglutition difficult; taking full breath causes soreness over and in lungs, with great rush of blood; fullness at epigastrium; anus sore; bowels torpid; urine hot and clear. Neuralgic pains in arms, nose feels sore and full; back of head feels heavy; mind gets confused; thoughts rapid; unable to fix attention; eyes clear, pupils dilated, contract slowly, tries to keep from winking; much wind in bowels. Hyperæsthesia of scalp; stretches and yawns, soreness of right side of scalp. This is the side which rested on the pillow. Extremely irritable; loses temper easy and obtains control over it again but slowly.

8:30 A. M., took 30 gtts. 1st dec. dil. 9 A. M., sharp, darting pains in the trachea, producing titillation, coughing, mouth and pharynx dry; heat in stomach and thorax; rumbling of bowels; expulsion of flatus; ineffectual attempt at stool; soreness of anus; great heat all over the whole body; fullness, yawning with stretching, followed by chilly sensations. Riding in the cool air produces great chilliness; ptyalism with an oily taste; dryness of posterior nares; twitching of eyes; mind very clear, with a light feeling of anterior lobes; posterior part of head and cerebellum feel heavy and dull; limbs ache when weight of body rest on them; feet swell, corns very sore; tends

achilles sore ; weak in joints, great pain in sacro-lumbar region ; pain on walking erect ; dull pain in shoulders and arms, weakness of hands, not able to control the muscles to write well ; sore on motion ; nails blue, sharp, darting pain in left fore arm, numbness, with prickly sensations ; tenderness of right hypochondriac region ; pain at umbilicus ; retention of urine, passed after several trials, urine hot and clear ; dull aching pain at anus, fullness of rectum.

1 P. M. Appetite but little ; distention was the only sign which told me to stop eating ; belching of wind ; expulsion of flatus ; darting pains in region of heart, with fullness and palpitation.

10 P. M. Light and giddy pain in right eye while near light, twitching of eyelids, soreness of balls of eyes ; head feels heavy, dull, especially in region of right ear ; catarrh, fullness of nose, pressure of forehead, especially at root of nose ; lips feel hot, increased flow of saliva from submaxillary glands ; palate and posterior nares feel dry, heat down the œsophagus ; burning in stomach ; feel as if contained warm water ; fullness of right hypochondriac region ; pain at umbilicus ; itching of whole body, especially around waist. Great expulsion of flatus.

10:30 P. M. Great pressure in rectum, fullness of colon ; must have stool ; great straining with shivering, expulsion of about eight inches of fæces, like a rope, solid, knotty, first half dark, rest quite light in color ; great soreness of anus, sphincter ani unable to contract ; about one-half inch protrusion, which I had to push up ; great burning and itching of anus. Very drowsy all day and soon went to sleep.

May 10th, 6 A. M. Awoke disinclined to rise ; feel as if I had not slept ; had troubled dreams ; must have slept on my back. Great drowsiness ; want to go to sleep again ; eyes heavy, *dull pain in forehead over right eye ; great pain around loins*, especially in the sacro-lumbar region, soreness at umbilicus, tenderness in right hypochondriac region, very sore all over, malaise, fullness at root of nose (frontal sinus) ; posterior nares, fauces and œsophagus very dry ; heat in stomach ; twitching in region of heart ; expulsion of flatus ; soreness of testicles ; flow of saliva from submaxillary glands ; yawning and stretching ; urine very clear and increased in quantity. 9:30 A. M. I will not take any more to-day, as I am too sore and languid to attend to business. I will notice when it loses its effects. Head feels dull over temple ; gloomy forebodings ; at times feel as if I was going to have spasms or convulsions ; spasms of muscles of limbs ; dull heavy pressure on cerebellum. Yesterday when I had those darting pains

in the trachea, I had a feeling as if death was impending: but this was followed by an exalted condition of brain and nervous system; thoughts flowed free, easy and clear; felt a glow of heat all over the surface; pressure of hat on forehead leaves a large red spot; itching of testicles; dull, shifting pain in left hypochondriac region; stinging in hands; pulse accelerated; pain in sound tooth, teeth feel as if covered with oil; tongue slightly coated, dirty white; unable to articulate long words distinctly; cannot control the tongue so as to form the words aright; feels as if swollen; stitch in region of lower lobe of left lung, relieved when passing urine. Abdomen tender to touch. 11 A. M. Great stretching; mind is cloudy; dull, heavy, frontal headache; thorax feels constricted; hawks up ropy mucus; fullness of upper part of throat. 6 P. M. Dull and heavy shooting pain through or near belt of penis; dull weight in forehead, eyes feel heavy; pain in back of neck; fullness at root of nose; dryness of fauces; increased flow of mucus from nasal passages; soreness of epigastrium; tenderness of abdomen; soreness, burning, itching at anus; pain and soreness of temporal region; soreness of parotids when exposed to wind; soreness of muscles of arms, back and lower extremities, especially of small of back. Soreness of tendo achilles, skin dry and hot, flush of blood to face soon after rubbing it; when cold air strikes, skin feels chilly and teeth chatter; appetite less than normal; feel dull, gloomy, despondent; tenderness and soreness of stomach; dryness of œsophagus; expulsion of fæces; drawing of left testicle; transient pains in the genitals; skin as sensitive to cold, not quite as sore; no stool.

May 11th, 6 A. M. Rose at 5:30. Not so sore as yesterday morning. Throat and fauces very dry and sore; fullness in forehead and root of nose; tenderness of epigastrium, also right hypochondriac region; eyes feel heavy, muscular soreness not quite as great. 12 M. Stool of hard, impacted fæces, with great soreness of anus; itching, burning and protrusion of anus; soreness of bowels; muscular soreness not so great, heavy cloudy mind growing lighter, clearer and more buoyant; great dryness of fauces. All the symptoms seem to be gradually lessening. 10 P. M. Not so fatigued to night.

May 12th, 10 A. M. Not so tired this morning. Spirits feel buoyant; throat not so sore or dry. A small stool at 9:30, thin, watery, lighter colored, and some tenesmus; bowels feel as if I had had a severe diarrhœa. Weak; head clear; it fatigues me to walk much; appetite grows better; feel disinclined to study, and wanting rest.

Miscellany.

POPULAR FALLACIES CONCERNING HOMŒOPATHY REFUTED.

BY JOSEPH HOOPER, M. D.*

It is recorded of several noted opponents to christianity, that they confessed they had never devoted much time or attention to the study of the Sacred Writings. Yet their invectives were most violent, and their opposition to revealed religion most persistent. The dishonesty and folly of such a course have not prevented many from being influenced to their ruin by the sarcasms, cavils and misrepresentations of infidel writers.

Much of the opposition to the benign, beautiful and rational system of medicine denominated homœopathy, would vanish like mists before the rising sun, if people would honestly study, and fairly put to the test, the teachings of this New School of medical science. But as it is often with religious truth, so it is with medical truth. *Ridicule* rather than *research* is allowed to influence the mind, and *sophistries* are made to supply the place of *logical arguments*. Many of the notions held of, and the mis-statements made about homœopathy, seem to those at all practically acquainted with the subject, to be so puerile and foolish as to be unworthy of a single line in refutation; yet, as they are often seriously put forth, and their very absurdity made the reason of dismissing the subject altogether, it is not wise to leave them unmentioned. We propose to state some of the popular fallacies concerning homœopathy, and weigh them in the balances of common sense and clinical experience. A very common misapprehension of the homœopathic law of cure, is, that the cause of sickness will produce its destruction, or in other words, that the same thing which makes a man ill will make him well again. We are represented as teaching, therefore, some such absurdities as the following: A man drinks until he is intoxicated; a little more liquor will make him sober. Or a person take a portion of poison; by taking a minute dose of the same drug, he will be saved from the consequences of his folly. Now this is *isopathy*; this is not the teaching of homœopathy. The law does not read, *iidem iisdem curantur*, the same things by the same are cured, but our law is, *Similia similibus curantur*, similars by similars are cured—like cures like. The reader will at once perceive there is a vast difference between the two propositions; and nothing less than the sheerest prejudice or the most malevolent impertinence, could cause any one so to misrepresent the law of cure announced by the adherents of the new system. No homœopathist is so silly as to believe that the *cause* of a disease can prove the *cure* of the same. The only practical illustration of an attempt to carry out such an absurdity that we can call to mind, is to be

The second of a series of popular tractates for sale at the office of the American Homœopathic Observer, at \$4 per 100.

found in the effort of an allopathist, a few years ago, to prevent the fatal influence of small pox by inoculation with the virus produced during that disease; a course so destructive of human life that municipal and legislative bodies wisely put a veto upon the barbarous practice. Vaccination, on the contrary, is simply and purely a homœopathic-prophylactic remedy, or preventive of small pox. In this case we introduce into the system a poison, similar in many respects to (*but not the same as*) the poison of small pox; and doubtless hundreds of thousands, by the introduction of this true homœopathic course of treatment, have been preserved from disfigurement, deafness, blindness and death. To the question, "How is it possible that the production of a similar disease in the human frame can drive out or destroy a like set of symptoms?" we can here only reply, that it is perhaps as impossible to account for the fact, as it is to explain why the magnetic needle points to the north pole. But experience every day in innumerable instances, confirm the immutability of the law that two *similar diseases cannot co-exist in the same organism*, and consequently a drug that will produce similar symptoms to those of a disease, will effectually and radically cure that disease. Are we to deny the existence of every law, the operation of which we cannot fully comprehend? Then must we deny ten thousand things which we daily see and feel. We must deny the spirituality of our own being—the influence of mind on matter—and may ever more doubt the reality even of our own existence. Let every one who wishes honestly to understand or fairly to test the truth of the law of *similia*, experiment a little with two or three of our leading remedies, and he will never again be led astray by such pitiful attempts to deceive as are found in the statement that homœopathy proposes to cure drunkenness by whisky, burns by a little more fire, or a terrible cold by standing a few minutes out in the rain. The inquirer might begin, when in perfect health, with a few drops of the mother tincture of Belladonna (obtaining this and other tinctures for the purposes of proving from some respectable homœopathic pharmacy, to insure the purity of the drug and the production of their true pathogenetic symptoms). In a short space of time he would experience at least many of the following effects: The pulse becomes stronger and fuller; face puffed, red and hot; bright scarlet appearance of the skin; patchy eruption, or the appearance of flea bites; the pupils of the eyes dilated, or extremely contracted; dizziness; buzzing in the ears; drowsiness, with frequent starting; restlessness; swelling of the veins of the head and neck; violent raving delirium; feeling as if the brain were expanded, or of weight, fullness and oppression in the head; disordered sight; double or inverted appearance of objects; irregular breathing; deep, hollow cough; tongue painful, swollen or inflamed; fiery red, heavily furred, with red tip and margins; throat dry, hot and red; swollen tonsils, frothy saliva, &c., &c.* (See Laurie.) The next time the experimentalist met with a sick friend whose symptoms strongly resembled those from which he had been suffering when under

* Should the prover become alarmed by any violent symptoms, he will find very strong coffee the best antidote to Belladonna. Lemon juice antidotes Aconite. Peruvian bark or China antidotes Ipecacuanha.

the action of Belladonna, he should administer five or six pellets of the third, or some higher potency of Bell., about every four hours, and he would then get a pretty good idea of the law of homœopathy. In the same way he might prove on himself any other drug, e. g., *Aconite*, *Ipecacuanha* or *Mercury*, writing down carefully every symptom produced by the medicine; and when meeting such a picture of symptoms as had appeared in his own frame, administering the same medicine, only in very minute doses. A very easy experiment would be to take enough of *Agaricus muscarius* to produce the symptoms of intoxication, then administer a few drop doses to the next drunken man you meet with, and you will have a beautiful illustration of the action of a homœopathic remedy, and will appreciate the motto of the New School, *Similia similibus curantur*. But it is objected, if it be really true that a homœopathic medicine is capable of producing similar symptoms to those found in disease, will not the administration of such medicaments be likely to increase the symptoms and aggravate rather than cure the trouble? This is a sensible objection, and merits a careful reply. We believe that such a homœopathic medicine *does* increase the symptoms when given in *large* or even in appreciable doses; hence the necessity of diminishing the dose to the minimum amount, which experience teaches will have a curative effect upon the diseased organism. But it is to be remembered, *first*, that symptoms of disease consist in the manifestations of nature's effort to relieve herself of some poison, obstruction or difficulty, and a slight increase of symptoms may prove the turning point in the malady. And *second*, every drug has two actions, the primary and the secondary, and if the primary action be to increase the symptoms, the secondary action will be to allay them and restore to health. Now the primary action of a minute homœopathic dose does not perceptibly increase the difficulty experienced by a patient, and is speedily followed by the secondary or curative reaction.

A second misapprehension concerning homœopathy, is, that it consists in administering infinitesimal doses of medicine, a few pellets no bigger than spider's eggs, hence the appellation with which some of us are honored,—“*spider egg doctors*”—and as the popular creed is that “seeing is believing and feeling is the naked truth,” it is considered absurd to expect anything but disappointment from relying upon medicines that are tasteless and invisible. The *size* of the dose has really nothing whatever to do directly with the principles of homœopathy. A medicine may be truly homœopathic to a disease, and the prescriber a true homœopathician, though the dose be filthy to the taste, disgusting to the eye, and weigh five, ten or twenty grains. The great question is, Will the medicine to be administered produce upon a healthy person similar symptoms to those you wish to cure? If so, it is homœopathic in whatever dose, and every practitioner is at full liberty to administer *as much or as little* as he finds most beneficial. Homœopathic practitioners differ greatly amongst themselves as to the best potency or attenuation to be used in a given case. Some prefer the high, some the low dilutions or triturations. All, however, find

that a very minute dose is safer, more reliable, and more speedy in producing curative effects, than a massive dose, even though it be truly indicated as the agent under the new therapeutic law. In the Old School, the quantity of medicine administered is being rapidly diminished year by year, and some practitioners almost rival the New School in the small amount of medicine they employ. That minute doses can and do have a magnificent effect, none doubt who take the trouble to experiment; and why should one nauseate himself with bulky drugs, if a sufficient dynamic influence to cure can be concentrated in the space of a little sugar globule, or a sweet and pleasant powder, that can lie on the point of a penknife. A volume might be filled with proofs in nature, every day illustrations of the fact that the eye, the ear, the nose, the mouth and some of the more internal organs, are influenced by infinitesimal particles of matter. We propose to occupy the space of one tractate with such a collection of facts, and, therefore, dismiss the subject for the present, reminding you that homœopathy does not consist in infinitesimal doses of medicine, and that minute doses are more rational than grosser, undynamatized, masses of drugs.

A third fallacy is, that *the medicines of the homœopaths are really inert, and their cures are effected through the power of imagination.* The homœopathists must be the most wonderful people under the sun. Physicians and laymen alike must be endowed with powers surpassing far those possessed by other mortals; and strange to say, this peculiarity is possessed by all living creatures owned by them. They have most wonderfully imaginative babies, imaginative horses, cows and dogs, for all these, when afflicted with disease, receive a few inert pellets or powders, when their troublesome symptoms pass away and they get well. Let us give you a few cases. A nursing infant screams out with pain, rolls and tosses about in evident distress; the little pulse is running very high; the skin, dry and parched, quite burns one when you touch it; the bowels feel hard and intensely hot; the little knees are drawn up nearly to its chin, and the breath is so short and labored, that tears roll down the mother's cheeks, expecting her little one very speedily to pass away. The father hurries off to the nearest physician, who, on his arrival, gives two small pellets of *Aconite*. In fifteen minutes there is a gentle moisture on the forehead, then the chest is wet with perspiration, the limbs are straightened out, and the moaning ceases. Is the child dead? Oh no! that wonderful power of imagination wrought by the cunning doctor on the mind of a six months' old babe, made her feel better, and she went to sleep. The next morning she was crowing and tugging at papa's whiskers, as though no trouble had ever happened. A full grown man is seized with an epileptic spasm. He has often suffered from them before, but this time a homœopathic physician is called in, and with a few pellets administered occasionally every day for a week or two, and by the force of imagination, the sufferer escapes the return of the malady for years.

In Naples, Dr. Rubini and other homœopaths treated five hundred cholera patients with drop doses of the homœopathic remedy, Camphor, (given, of course, as a pretence and a basis for the mind to work upon). Four hundred and ninety-nine out of the five hundred (by the power of imagination) convalesced. In Cincinnati, in 1849, Drs. Pulte and Ehrman treated one thousand one hundred and sixteen cases of Asiatic Cholera. So powerfully did these gentlemen act on the imagination of their patients (though many of them were insensible) that one thousand and

eighty got well. Blessed imagination! What a pity it is the Old School cannot get up some such a state of mind on the part of their patients, to help the Calomel and Cantharides, the Jalap and the lancet, and save a few more out of their per centage of mortality. It would be worth while for them to attend a homœopathic class of psychology, and try and learn the secret. But ridicule apart, are not those persons more credulous who believe that hundreds of thousands of the sick are cured through the power of imagination, based on inert sugar pills, than those who attribute these cures to the efficacy of the divine law, appointed by a beneficent Creator, and brought to light by the learned and philosophic Dr. Samuel Hahnemann—“*Similia similibus curantur?*”

Again, it is asserted—*Homœopathic patients recover, not by any virtue in the medicine, but by the influence of the excellent dietary system always enforced.* So true is it that nature, unimpeded in her restorative efforts by improprieties in diet, often proves alone sufficient to raise to health again those who seemed almost beyond hope, that we should not be surprised at this objection, coming from thoughtful, unprofessional men, but we confess it is a little astonishing that this statement should originate in the ranks of our professional opponents. Is it true, then, gentlemen, we would ask of them, that it would be better, safer and easier—a saving of time, money and pain—if your patients were to leave Blue mass, Opium and Quinine alone, and trust themselves to the care of Dame Nature and Dr. Common Sense? We heartily agree with you, that the expectant system, or the do-nothing system, is far preferable to the heroic treatment of the Old School. But statistics show, that while nature will effect many cures, homœopathy will effect still more, by gently, yet efficiently, assisting nature. Our medicines are not inert, although it is true that in some instances a person in health might take a handful of medicated pellets, without suffering inconvenience. The writer has in numerous instances observed that drop doses of *Aconite*, the third decimal attenuation, will, in case of fever, reduce the pulse from two hundred beats per minute to eighty, in less than an hour's time. Many a time half a dozen pellets of *Colocynth*, sixth potency, removed violent colic in the abdomen in fifteen minutes, and we might, from personal experience, multiply illustrations by hundreds. It is rational to suppose that a very minute particle of medicine, acting on an inflamed or diseased surface, will produce powerful results, even though no perceptible influence could be observed upon the healthy organism.

Let a man put a drop of alcohol on his sound skin, and the nerves are scarcely conscious of its presence; but if the epidermis be removed and the surface irritated and inflamed, that drop of spirit will almost drive him to distraction. Even if it could be proved that homœopathic medicines were inert, still, in accordance with the statements of the most honest and observing allopathic authorities, our patients would be no losers, and the belief they would cherish in the efficacy of the remedies employed would be in favor of the new practice.

Once more. It is asserted by some that there is something in homœopathy. *The system is suited for children, perhaps, and chronic cases, but would be utterly useless in acute diseases, especially when the patients were adults.* That homœopathy is pre-eminently adapted to children is a fact. The absence of occult, complicated drug diseases, of long standing, leaves a fair field for the operation of specific remedies; and most beautifully do the delicate organisms of children yield to medicaments exhibited even in the two hundredth potencies. But amongst the multitudes who have sought the aid of homœopathy in their distress; tens of thousands have been men and women of full

growth, and they have not been disappointed. The untenable nature of this objection may be proved any day, by a visit to any one of the four thousand offices of homœopathic physicians at present practicing in the United States, where you will find, calling, persons of every age and rank, and of either sex. It is a grand mistake, and the fruitful source of many an error, that medicinal power consists in bulk, whereas it consists, first, in natural adaptation, and then in separation from all gross admixture or incrustation. The essence, the virtue, of a drug, is often not reached until the material particles are so broken up as to become invisible to the naked eye. By trituration, carbonate of lime, sulphur, flint, animal and vegetable charcoal—(all naturally almost inert)—become very powerful and unspeakably important remedial agents. In reference to the statement that homœopathy is only adapted to chronic diseases, we would ask the enquirer to look at the statistics of our cures of Asiatic Cholera, Cholera Morbus, Dysentery, Pneumonia, Enteritis, (Inflammation of the bowels,) Phrenitis (Inflammation of the brain,) Inflammatory fevers, &c., &c. They not only compare well with the statistics furnished by any other practice, but our losses by death are many per cent. fewer. All medical men with whom we have ever conversed, consider chronic diseases more difficult to cure, as a rule, than acute attacks, and if a medicine will cure a disease when it has assumed a chronic form, the acute manifestation is generally quite controllable. The homœopaths find this great advantage in treating chronic cases. They can continue administering the same remedy for weeks, and even months, without detriment to the general health, whilst remedies given in a crude state, and in large doses, often repeated, would soon find no organs to work upon at all.

And lastly. We have known persons who, when disposed to test homœopathy in their families in time of sickness, were warned by some sapient M. D., (who had a little before treated homœopathic sugar pills as worthless playthings,) that they would all most assuredly get poisoned with their Arsenic, Aconite, Belladonna, &c., all of them fatal drugs, which none but authorized, thoroughly educated, and *regular* medical men, should be permitted to handle. This poor attempt to frighten the timid and the credulous needs no serious reply. We would ask of such a medical objector,—Pray, Doctor, where did you learn the true pathogenetic symptoms of unadulterated, unmixed, uncompounded drugs? Were provings of poisons on healthy subjects ever instituted before Hahnemann set the example? Who is most likely to administer medicines safely—the homœopathist, who takes his medicines himself, before giving them to the sick, or the man who merely gives a certain dose because it is according to authority? Which is more likely to prove poisonous, the ten thousandth part of a grain of a single medicine, the properties of which have been fully tested in health or disease, or a conglomeration of drugs in mass, about which no man can tell whether it has formed a chemical combination or a mechanical mixture? Let common sense and common honesty decide the question.

We have seen that the ordinary objections urged against homœopathy cannot stand the test of reason and experience. The spirit that prompts them is like the animus contained in the lines—

“I do not like thee, Doctor Fell;
The reason why, I cannot tell;
But this I surely know full well,
I do not like thee, Dr. Fell.”

Again we say, prove Homœopathy by the fair test of experiment, and if the system should be found weak, or even false, you will have suffered no harm. If you prove it and find it true and beneficent, you will be saved the condemnation of having thoughtlessly and recklessly trodden under foot a boon from heaven.

MEDICAL ETHICS.

BY LEWIS BARNES, M. D.*

The term ethics is from the Greek *ethos*, and signifies simply *manners*. Medical Ethics is, therefore, *medical manners*. It relates to the style of behavior that should be adopted by medical men.

A physician's behavior should correspond with the nature of his profession, just as that of a lawyer or Christian minister should accord with his particular calling. Now the physician is a *healer*. The *animus* or *spirit* of his art is to remove the physical and vital distress and torment of his patient as well as to soothe the pain, irascibility, or insanity into which he may be goaded. This demands that he should be gentle where others are violent, self-possessed and calm where others are frantic, and wise where they are foolish. He must be prepared to bear with the whims and reproaches, as well as to receive the occasional gratitude of sick men; otherwise he will lose his influence, and consequently much of his power to heal.

He must sacredly keep to himself all knowledge of deformities, either mental or physical, all family distresses or skeletons of sorrow, and all unpleasant secrets which come to him through his professional intercourse.

And he should see to it that no man or woman or girl is left *less elevated or pure in mind or body* in consequence of anything that has come from him under color of medical advice or treatment. It would be a sad exchange for the patient if he should impart moral in place of the physical disease he is called to eradicate. If he has relatives or a family of his own, let him observe the line of conduct which he sees another man should pursue, under like circumstances, in relation to them.

Again: Physicians, like Christians, should respect and love one another. But here is a point of especial failure. We are so often crossing each other's path, and our pecuniary interests are coming in at least apparent contact, that the temptation to hostility of feeling and expression is very great. It has been said too truthfully, and to our shame, that doctors are forever quareling. It is unchristian, unprofessional, and unnecessary. It is unchristian, because wrangling and hatred are contrary to the kind and peaceful spirit of heaven. It is unprofessional, from the fact that the animus of our calling leads to self-control, patience with disorder, and the healing and soothing of all

* Read before the Homeopathic Medical Society of Ohio, at the First Annual Meeting, June 13, 1865.

sorts of distemper. If we contend with our brethren, the healers, and thus to a greater or less extent paralyze their hand, do we not thereby retard the work which it is their business as well as ours to promote? This unkindness and want of mutual regard is unnecessary, because there is nothing in our profession which requires us to lay aside our Christian character for the most effectual prosecution of our work. This is the more utterly inexcusable in Homœopathic doctors, from the fact that the field is wide enough to give full employment to all our energies without turning against each other. If we have a taste for warfare, we may obtain any amount of it from the outside of our ranks. The old would-be regulars, with all their subordinate crew, are always ready to attack us at every available or unavailable point. We should, therefore, reserve our warlike energies for *defense* and we need not go out of our way to attack even them. If we simply inculcate the true art of healing, and defend it against its enemies, we shall, doubtless, have enough to do to satisfy the most belligerent. And if we work in harmony with each other, we shall of course be the stronger for advancing our great enterprise.

But here is a question: Suppose my neighboring practitioner is so inexpressibly mean that he is perfectly unendurable? In that case there will be all the more merit in treating him decently. It requires no effort to treat a gentleman in a gentlemanly way, provided you are disposed to be a gentleman yourself. If you succeed, however, in being a gentleman under the stinging provocation of meanness, you rise to the height of sublimity. All that see it are disposed to wonder and admire.

But if you wrangle with your professional brother, is it quite certain that the fault is altogether on his side? He doubtless feels that it is chiefly on yours. Indeed he is as sure of it as you are of the contrary. May it not be about equally divided? I believe your disinterested brethren all think so, not from any thing that I know with regard to your special case, for I claim to know nothing of this, but from the fact that it has been so in relation to every case I have ever known in any school of practice. Let me also appeal to your own knowledge. When you have observed such disagreements between others, have you not been satisfied that they have been more or less, if not *equally*, at fault on both sides. Perhaps it may be so in your case, or in mine. Let every one, therefore purge himself from blame before he throws another stone at his neighbor, and there will probably be no more stones thrown.

But there is an indirect or covert way in which physicians seek to

undermine and injure one another. The old practitioner speaks of the younger man in a sort of patronizing way, as one who is quite promising, and who probably will make a good physician in time ; but says it in such a style and tone of voice as to leave a decided impression that he *is not yet* such a man as really ought to be trusted with the health and life of the people. The younger man, on the other hand, speaks of the old practitioner as one who has been a fine physician *in his day*, but fears that he does not now keep himself quite “ posted ” with regard to the advance of medical science, and the changes which disease is undergoing. Now, this is ungenerous on both sides, and is more likely to be false than true, for the ambition and industry of the young man generally urge him to such investigations as prepare him to do his work well, and the older man, unless in his dotage, is usually alive to all that pertains to a profession which has become a second nature. But whether those alleged disabilities be so or not, the physician is the last man that should be talking about them. The people will more readily discover such things without than with his assistance, for he is always regarded as an interested and prejudiced party.

One thing more : When a physician is called in consultation he may appear to consider himself under a sort of professional obligation to speak respectfully of the attending physician’s previous treatment of the case, but often cannot resist his propensity to drop a remark, or indicate in some way to the patient or family that he is himself a man of superior judgment or skill, and could probably have managed the case better. Who of you has not observed this ? And who does not know that it is unprofessional and unmaly ? If he really and honestly thinks the treatment has not been proper, or the best, let him say so clearly and kindly, to his professional brother. Let him explain wherein, and why ; and advise him of what he thinks the proper course. It is his duty to do this, not from a supposition that his judgment is better than that of the attendant, but from the fact that, such as it is, it has been called for by the parties interested, and paid for, usually at a good round price. Common honesty requires that those who pay for his opinion and counsel shall receive full benefit of their purchase. If after an honest exchange of thought, the physicians cannot agree as to what should be the future treatment, let them state the fact to the patient or friends, leaving them in the most perfect freedom to adopt that which they prefer. There need be no hard words, or unkind feelings, on either side. If either party thinks, as one to the other must, that the family has not chosen wisely, he may feel that he has done his duty, and is not responsible for damage that may result. But if the counsel-

ing physician is satisfied that the patient has been well and skillfully treated, let him say so, and neither say nor do what would tend to disparage his professional brother in any way. Let him rather strive to increase the confidence between him and his patrons. This is in the perfect sense *human*.

Pharmacy.

For the American Homeopathic Observer ;
TRITURATED TINCTURES.

BY THOMAS NICHOL, M. D., BELLEVILLE, C. W.

Mr. Yeldham, Surgeon to the London Homœopathic Hospital, has written an excellent paper, which originally appeared in the British Journal of Homœopathy, entitled "Remarks on the different modes of administering homœopathic medicines, with a view to the disuse of the globule," and his conclusions are as follows :

"That the use of the globule leads to a slovenly and careless mode of practice ; that it has earned for our physicians the greater part of the abuse and ridicule which has been heaped upon them and, finally, that the globule constitutes the most insuperable barrier to the reception of homœopathic doctrines."

Mr. Yeldham wishes to see the globule superseded by the pilule, which has really gained ground very rapidly amongst our English brethren. For a number of years I have neither used globules nor pilules, and very seldom tinctures or dilutions, and have confined myself to a kind of preparation which I much prefer to all others. I take a quantity of Sugar of milk, say four hundred to five hundred grains, place it in a mortar, and pour on it sufficient tincture, say eighty to one hundred drops, to saturate it completely. I then triturate this steadily for one hour, observing the old Hahnemannian rule—"triturate six, scrape four"—and when completed, bottle and put away for use. The attenuations may be prepared from this preparation, which is a trituration of the mother tincture, or they may be carried up with alcohol in the usual manner, and then triturated as above. From a very extensive use of remedies prepared in this manner, I feel satisfied that it is superior to all others, while there is a rational, professional look about such a powder, that is not possessed by the pilule, and still less by the globule.

[In making these triturations with tinctures, we have adhered to the decimal scale, adding ten drops of tincture to each ninety grains of pure *Sac. lac.*]

“THE UNITED STATES HOMŒOPATHIC DISPENSATORY.”

We need an “*American Homœopathic Pharmacopœia*.” It is estimated that we have some 4000 American Homœopathic physicians and we think that it is not right that they should be depending upon foreign works on pharmacy, which do not refer to our valuable indigenous remedies ; which are in other particulars very incomplete, and which often mislead the practitioner by erroneous statements.

The work of Professor Hempel, published in 1850, was compiled from those of Drs. Jahr, Buchner and Gruner, and translated with the care and zeal which characterises Dr. Hempel’s labors. This book has been the principal guide of our homœopathic physicians and pharmacutists for the last sixteen years, and although it may have been all that was required in 1850, and we must still say it possesses many meritorious features, yet it is not at all adequate to our needs at this time. This is so well known and *felt* that it is not necessary to enter into any argument to prove the truthfulness of the assertion. We will merely name the fact that several hundred new remedies have been introduced since the publication of the work above referred to, and many improved pharmaceutical processes discovered.

Since the introduction of Prof. Hempel’s compilation, Mr. Gruner published at Leipzig (1855) his new Homœopathic Pharmacopœia. No translation of this work has been made in this country, and but few of the European copies are to be found among our physicians. We regard Mr. Gruner’s work with great respect, and in years past relied much upon his fidelity in the preparation of homœopathic tinctures, &c. There are some matters, however, which are justly obnoxious to severe criticism.

On page 133 of his book, article “*Lobelia*,” you will find a description of our Indian-tobacco plant, *Lobelia inflata*, and the following information given to the German profession :—“ They [the leaves] occur in trade, in pieces, and mixed with the cut stems, compressed into oblong cakes, and deserve, IN THIS STATE, as coming from their natural place, the preference before the fresh plant, to be got from gardens. After Rule 3d (maceration) we prepare from them a tincture of a yellow-green color.” *How is this, Mr. Gruner?* Were the provings of *Lobelia* made from old dried herb? Will you please explain how it is that when our physicians are so well satisfied of the superior efficacy of tinctures prepared from fresh plants, and you concur in their judgment, that you can recommend tincture of *Lobelia* to be prepared from the old dried herb as compressed by the Shakers. Impure and

inefficacious, dried in rooms with hundreds of others, receiving and imparting the medical properties of each other, how can the tincture thus prepared be good enough to receive the brand of CARL ERNST GRUNER? Why may not Mr. Gruner just as well import from us the fresh tinctures of American indigenous remedies as he can export to us his preparations. Are our physicians to remain under the delusion that *all* the German tinctures are superior to the American?

Although satisfied that in some respects Mr. Gruner's work is subject to censure, it is probably the best work on Homœopathic Pharmacy now extant. If we had leisure, we should make comparisons between his work and the others, and show the points wherein the superiority consists, but we cannot enter upon this now. We will refer however to one article, that of *Bromine*.

On page 211 of Dr. Hempel's edition of Jahr, Buchner and Gruner, the article on Bromine ends: "We prepare the attenuations with *strong alcohol*."

Page 70 Gruner's Pharmacopœia: "For medicinal use, watered spirit of wine serves as a dissolvent, in the known proportion, but the two first attenuations are easily decomposable." You will observe that in the only Pharmacopœia to which our physicians have had ready access, strong alcohol is directed for the dilutions of Bromine, and no hint given that these cannot be preserved, that they are unfit for use when a few days old, that dilute alcohol is a better solvent, that Bromine is slightly soluble in distilled water, that Ammonia is an antidote to bromine; and yet, who will say that these facts are not important and of consequence to every physician who undertakes to use the drug at all?

DR. PETERSON is now engaged in preparing a homœopathic dispensatory, and we have also bestowed some considerable time on a similar work. It is very likely that our labors will be combined and a very comprehensive and accurate work published within the year.

Contributions from our physicians, on any subject relating to homœopathic pharmacy will be very acceptable to us, and due credit shall be given in the work to each contributor.

DIFFERENCE IN PRICE.—Messrs. Willmer & Rogers, of New York, offers to furnish the *British Journal of Homœopathy* at \$12 per year. We take subscribers at one half this sum (\$6) and give the *Observer* FREE.

The LONDON LANCET is now supplied to American subscribers at \$18 per annum. Homœopathic physicians would esteem it dear at one tenth the price (\$1.80).

Book Notices, etc.

REVIEW OF THE SECOND VOLUME OF THE TRANSACTIONS OF THE
HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.
By CHARLES J. HEMPEL, M. D.

MR. EDITOR:—I have read with a good deal of satisfaction the second volume of the Transactions of the Homœopathic Medical Society of the State of New York, for the year 1864, and beg leave to publish, through the medium of your journal, a few impressions which the perusal of those highly instructive and interesting papers has made upon my mind. Such an interchange of opinions cannot but be useful to the advancement of our cause.

Doctor CARROLL DUNHAM'S ESSAYS are written with all the terseness and logical consistency of an accomplished scholar. He pays all proper attention to style, a compliment which unfortunately cannot be paid to every physician of our school. His article entitled "Relation of Pathology to Therapeutics," embodies much food for thought, and should be carefully pondered by every physician who may have access to this volume.

Having said thus much in praise of the Doctor's well written paper, I am nevertheless, although reluctantly, compelled to dissent from the conclusions he arrives at. It is evident to my mind, that the Doctor cannot yet muster courage to cut loose from the leading-strings of his homœopathic childhood. I am fully prepared to do justice to his respect for the memory and the original teachings of Hahnemann. I have gone through the same struggle which the Doctor is evidently going through, as he progresses in his investigation of the true meaning of the homœopathic law, and which awaits every truly philosophical inquirer of our school; and I know from long and bitter experience, how painful it is to go beyond Hahnemann in the cultivation of homœopathic science. Yet this has to be done, and it is well that it should be done in a liberal and respectful spirit.

The subject of which the Doctor's article treats, has engaged my attention for years past, with more than ordinary interest, and it was with the liveliest expectation of meeting a kindred spirit on the same shores of the boundless ocean, where a few of us have been, and are still wandering in search of a few grains of the infinite of truth, that I began the perusal of his paper. I was doomed to disappointment. A little more consistency, or perhaps a little more boldness, would have led the Doctor where he will have to go, or else he will have to remain a stunted homœopath, in spite of his fine acquirements and his naturally gifted mind.

The Doctor will pardon me if I accuse him of a certain degree of unfairness in thus disappointing an honest reader. His premises having been so correctly stated, why must he prostrate himself before

the ideological spook of total-symptomism, instead of looking up to the generalization, which alone gives life to the Hahnemannian formula, *Similia similibus curantur*?

According to the Doctor's statements, LIFE is a force, a power.

Be the nature of this force or power what it may, I accept this general proposition as correct.

"The functions of healthy organs," writes the Doctor, page 45, "and the tissues of the healthy body, which are respectively the subjects of Anatomy and Physiology, are not *life*, but only *results* of life."

I accept this second general proposition as correct. These two general propositions enable the Doctor to prepare the way for his theory of homœopathy.

Life being a force or power, "*the ultimate and essential phenomena of which* is the action of the cell-wall," (See page 44.) what now is diseased?

According to the Doctor, "it is an abnormal exercise of the vital power inherent in the cell." (See page 45.)

If we now ask the question: By what signs do we recognize the evidence of disease? the Doctor answers, page 45:

"As we recognize the evidence of the vital power in the healthy cell only through its action and its result, viz.: the function of secretion and the substance secreted, so we recognize disease, which is an abnormal exercise of this power, only through its action, viz.: the perverted function, and through its result, viz.: an abnormal secretion."

A little further on the Doctor argues:

"As, therefore, Physiology concerns herself with the *results of life*, so does Pathology take cognizance of the *results of disease*. For it must be repeated, that as the functions of healthy organs, and the tissues of the healthy body, which are respectively the subjects of Anatomy and Physiology, are not life, but only the results of life, so the abnormal functions and the altered tissues of the diseased body, which are respectively the subjects of the science of Pathology and Pathological Anatomy, are not *disease* itself, but only the results of disease."

Having established these preliminaries, the Doctor now enters upon the most important part of his argument—Therapeutics—and shows, page 50, that "*a curative treatment* must address itself directly to the cell-wall, which is the ultimate seat of disease." "And," argues the Doctor, "every method which is directed to the *results of disease*, which are the proper subjects of Pathology and Pathological Anatomy, must, of necessity, be a palliative method."

Doctor, you must pardon me if I apply to you the words of the old Proconsul, "*Much learning hath made thee mad.*" Do not you see that your style of argument knocks the breath out of our system as taught by Hahnemann? Hahnemann condemns every effort to arrive at a more rational knowledge of disease. All we can ever know of disease, are its perceptible phenomena, its symptoms, or what you are pleased to call its *results*. Viewing homœopathy

from the stand-point of your own definitions, you make it a *palliative*, not a *curative* method. In order to elevate homœopathy to the rank of a curative method, we have, as you correctly state it, to discover re-agents which act directly upon the inherent powers of the cell-wall, and, by experiments upon the healthy, to determine precisely the limits and direction of their action. "This knowledge," say you, "is rendered possible and exact by the science of Pathology, which enables us to trace out and analyze the *results* of intentionally induced abnormal cell-action, just as it does those of accidental disease." And you continue, "It follows clearly, from all that has been said, that the application of specific drugs which have a direct action upon the cell-wall, whose inherent powers are acting abnormally under the influence of disease, is the only direct and radical method of curing disease."

Now, if the Doctor will permit me to point out to him the scope of his own reasonings, he cannot fail to have observed that a drug, in order to be specifically homœopathic to a disease, must impress the organism from the same primary cell, that served as a starting-point to the pathological disturbance.

This is the problem : A disease being given, to discover a remedy that shall meet it at its beginning, its initial point, in the cell.

We solve this problem by proving drugs upon the healthy. A remedial agent that shall meet the morbid process at its initial point, in the primary cell, will necessarily wipe out all the symptoms evolved from this beginning of the series. In proportion as this cellular relationship between drugs and diseases is revealed to us by provings and clinical observation, homœopathy becomes a *demonstrated science* ; until then it remains more or less a truth of the pure reason. I do not believe the "grand old master" would thank the Doctor for trying to keep homœopathy confined to the swaddling clothes of its infancy, which he attempts to do, when, after enunciating a series of scientifically-correct generalizations about the objects and tendencies of Physiology and Pathology, he relapses into the old humdrum twaddle about "totality of the symptoms," and sneers at the perfectly legitimate efforts of those who, with more consistency than himself, dare to infuse the breath of life into a formula which has hitherto served as a basis to a dreary and mechanical symptomism, and has been a stumbling-block to a number of the best thinkers of our school. We are indebted to the recent discoveries of Physiology and Pathology for a knowledge of the true meaning of our law. Similarity, simile, are mere terms which had to be quickened into living truths by the microscope. We now know that all life begins in the cell ; that the morbid process has its beginning in the cell, a legitimate inference from which primordial facts undoubtedly is, that all therapeutic action must have a similar beginning.

Thus far the Doctor, the writer, and all other philosophical inquirers of the homœopathic school at the present time are agreed. And they are likewise agreed, that it is through provings instituted upon healthy persons, that we determine in the only reliable manner

now known to science, the agent that has power to affect the cell-wall similarly to the action of the morbid force, and is consequently endowed with a specific power of neutralizing this morbid action. The object of our provings is not to discover symptoms, but to determine the initial point of drug-action in the cell. The unfolding of symptoms is a means to this higher end, and, although of paramount importance to the attainment of this end, yet is subordinate to it. It is because this means has been made the end, that our *Materia Medica* has been flooded with a mass of worthless symptoms, which have subserved no better purpose than to bring disgrace and derision upon our cause. If the beginning of the pathological series in the cell be known, and we have likewise determined by experimentation upon the healthy, what pathogenetic series takes its starting-point from the same cell, it is plain that the pathological series being known to its ultimate developments in the tissues, the pathogenetic series can be completed by a process of inductive reasoning. If, as the Doctor argues, page 51, "like effects are produced by similar causes," it is plain that there is no necessity, for the sake of total-symptomism, of reproducing every link in the great chain of pathological phenomena. We have a logical right to take it for granted, that, if the drug could be introduced into the organism in sufficient quantity, and for a sufficient length of time, a perfect counterpart of the pathological series could be reproduced experimentally; and, without carrying our provings to this extreme, we administer the drug in the confident expectation of restoring the disturbed organism to its normal condition. It is thus that by pure experiment and clinical confirmation of its correctness, we gradually build up the noble structure of Medical Science.

Hahnemann has done his share towards this great work. He has laid the corner-stone of the edifice. He has had the first glimpse of the law that is to harmonize diseases and drugs by the bond of typical or correspondential affinity. By both precept and example he has pointed out the road of pure experiment, which will enable us to determine in any given case of disease, its specific remedial type, counterpart, or, as the Doctor terms it, re-agent. But the work has only been commenced by Hahnemann; the super-structure has to be completed by his followers. In Hahnemann's system, similarity and simile are ideological terms which the modern discoveries of Physiology and Pathology have converted into demonstrated facts and living truths. How much better it is to frankly and manfully admit the fallacies in Hahnemann's personal teachings, than to chain the eternal science, with its boundless treasures and infinite generalizations, to his triumphal car. Hahnemann had no full perception of the pathological series. Nor would have the pathological series a definite meaning to us more advanced students of the complex fact of life, except as contrasted with the physiological series. In spite of the Doctor's *ipse dixit*, the science of therapeutics must be based upon a knowledge of the physiologico-pathological series of phenomena. Without the physiological or normal manifestations of the

life-force, there could not be any pathological or abnormal phenomena. And further, the pathogenetic series would be without use or meaning, if it could not be referred to some physiologico-pathological tableau of phenomena. It is in this sense that Pathology serves as a basis to therapeutics. The Doctor has wasted his generous indignation to very little purpose. * * * *

I have not offered these remarks in the expectation of converting the Doctor to my own perception of the homœopathic law, but simply with a view of showing how, even an otherwise gifted mind, and an enthusiastic and honest partisan of our faith, may be unconsciously led backwards from the most progressive premises, to an unyielding conservatism, which is destructive of all truth. The tenacity with which gentlemen of the Doctor's turn of mind cling to the theory of the so-called high potencies, affords another illustration of the one-sidedness of their opinions and doctrines.

In the fifth article of the Transactions, entitled, "*On the use of high potencies in the treatment of the sick*," the Doctor winds up an otherwise well written and logically-arranged paper with a childish and unscientific fling at Doctor Arnold's brilliant cures with massive doses. Why not accept the clinical evidences of such a careful and eminently philosophical observer as Arnold, with the same frankness as the partisans of the high dilution-theory expect their statements and reasonings to be received by those who may feel disposed to doubt their correctness? Would it not be wise on the part of these gentlemen to be less positive regarding the universality of the curative powers of high potencies? Personally, I believe that these potencies are endowed with curative power. I assert that I and others have effected brilliant cures by means of them. But I likewise assert that in many cases it would be unwise, and unjust to the patient, to prefer the higher to the lower, or even lowest preparations of a drug. I have no doubt that the Doctor has cured erysipelas with the higher potencies; I, on the other hand, affirm that I have cured erysipelas with the lower potencies, and even with the tinctures of *Belladonna* and *Aconite*, far more speedily than I have ever been able to do by means of the higher or even middle potencies of these agents. When Liston, whose attention had been directed to the great virtues of *Aconite* and *Belladonna* in erysipelas, effected such rapid and permanent cures of erysipelas of the scalp and extremities by means of a grain of the extract of *Belladonna* and *Aconite* dissolved in sixteen ounces of water, shall we not hail such results as evidences of the truth of our law of cure? Doctor Quin seems to have been very well satisfied with these results, as may be inferred from his letter to the *British Journal of Homœopathy*, (see *North American Journal*, Vol. I, page 370).

Are the cures of rheumatism and gout which Baron Stœrck effected with grain doses of the extract of *Aconite*, worthy of being claimed by homœopathy as the legitimate results of homœopathic action? I refer the Doctor to the *North American Journal*, Vol. III, page 552. These cures would do credit to any school and to any

practitioner, and I do not wonder that the learned Baron was rejoiced in his very soul at his brilliant success.

It is not my desire to find fault with the efforts of my colleagues ; I simply wish to emancipate their minds from the thralldom of conservative fanaticism, and to make their labors more fruitful of useful results.

In his article "*On the Microscope in Pathological Investigations*," DOCTOR WELLS likewise furnishes a striking proof of the incongruities to which a fanatical adherence to old notions and definitions will lead even a man endowed with a fair share of intellectual abilities. The revelations of the microscope seem to have fascinated the Doctor to such a degree that he cannot, with sufficient emphasis, enforce the use of this instrument upon the profession. I remember very well the delight I experienced on first looking at the world through a pair of good spectacles. Although born near-sighted I had never worn spectacles until one morning, in the month of July, I first beheld the marvelous beauties of the Elysian Fields in the Garden of the Tuilleries through a pair of glasses. I sat there for hours, day after day, looking at the leaves and flowers, studying their outlines, admiring their hues, and seeking to penetrate their inmost structure. The Doctor's delight must have been great indeed when the microscope revealed to him what is really meant by "dry scald-head," or "ring-worm of the scalp," "a miserable substitution of words for a knowledge of facts." How could he help imagining that the microscope had afforded him access to the inner temple of vitality, where in the place of dry scald-head he beheld a complete system of vegetable growth, with its piercing radicles gradually disintegrating the shaft of the hair ; or when he saw tube casts, epithelial scales, blood-discs, spermatazoa, and so fourth, floating about in the urine.

In the hands of the Doctor the microscope becomes a mighty means of cure. He mentions the case of a little girl whose urine was found, by microscopic investigation, to contain "tube-casts, epithelial scales and blood-discs in abundance." "Here was positive evidence," writes the Doctor, "of a serious lesion, which had been entirely masked, and wholly unsuspected. By this timely revelation of the evil, it was possible to effect its speedy and entire removal. It might have been quite otherwise, and certainly more difficult, if the renal affection had been unrecognized till the more complete development of the malady, which these microscopic appearances disclosed."

A cure, and hence the homœopathicity of the drug to the disease in this case were based upon a microscopic observation of the pathological products of morbid action. But these pathological products, which have enabled the Doctor to achieve this and other brilliant cures, are the very *objective* symptoms which he and his co-reasoners are constantly seeking to belittle as of an entirely subordinate importance. ~~██████~~

For proof of this I refer to the doctor's article on "*Drug-provings*," page 91, of the Transactions. Here the Doctor writes, page 101

"At first glance it would certainly seem that these phenomena should occupy the first place among those which decide a prescription, but a careful study of those great cures which have been recorded and published for our instruction by the early masters of our art, will disclose the fact that they play but a small part in their proscriptive decisions. And, at the present time, it may not, perhaps, be going too far, to anticipate that when the truth is finally and undoubtedly disclosed which answers that most important query, What is the "like" which cures? objective phenomena will occupy quite a subordinate place in that curing similarity."

This may be very likely, but how does the Doctor reconcile the evident incongruity of, in the first place, extolling objective phenomena to the skies, and using them as determining guides in the selection of a remedial agent, and, in the next breath, assigning to them quite an inferior position in the series? If the Doctor's perception of the essence of homœopathy were as scientifically correct as the positiveness of his assertions leads one to suppose it might be, he would not have laid himself bare to these charges of inconsistency.

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This second volume contains a number of well written and instructive articles. Doctor Watson's paper on "*Cerebro-spinal Meningitis*," although short, yet is replete with instructive and interesting details. So is Doctor Gardner's paper on "*Measles*." The cases of Apis are rather "mixed." An interesting case of poisoning by ergot, reported by Doctor C. Judson Hill, shows how indispensable to a correct knowledge of the sphere of action of a drug, are the massive doses which a few bold experimenters have used with heroic perseverance. Mere potencies would never have revealed to us the curative sphere of *Aconite*, *Belladonna*, *Nux vomica*, or any other of the most important agents of our *Materia Medica*.

THE BRITISH JOURNAL OF HOMŒOPATHY, published quarterly by Henry Turner & Co., London, England, and E. A. Lodge, Detroit, Michigan.

The journal has now reached its 95th number. The new volume commences with the present month (January 1866). It is published, with such promptness, that the numbers are often received here before the issues of the same month by American publishers.

The January number contains,—The *Materia Medica* again, by Dr. Langhein, of Darmstadt. Official Report of the Results obtained by the Homœopathic Treatment, at the Hospital of Roubaix (Nord), by Dr. Liagre. *Chelidonium Majus*, L., by Dr. O. Buchmann, of Alvensleben. Hygienic Recreation for the Middle-Aged. The Febrigenic Power of Arsenic, and its Employment in Typhoid Fever. On the Early Stages of the Cattle Plague, by George Moore, M. D. On Diabetis: its Pathology and Treatment, by Richard Hughes, M. R. C. S., L. R. C. P. Ed. (Exam.) Cases Illustrative of the Patho-

genesy of Belladonna, with Clinical Remarks, by J. Harmar Smith, Blackheath. A Day with the Rinderpest. REVIEWS.—The Outlines of Materia Medica, Regional Symptomatology, and a Clinical Dictionary, by Henry Buck, M. R. C. S., Member of the British Homœopathic Society. Clinical Record. MISCELLANEOUS.—Case of Acute Fatty Degeneration of the Liver. Instantaneous cure of Coryza. Notes on Saccharine Urine, by Dr. Wyld. Letter on Gonorrhœa. A New Prophylactic Method for Small-Pox. OBITUARY.—Dr. M. J. Chapman. Dr. Joseph Laurie.

The Editors are Drs. Drysdale, Dudgeon and Hughes.

The subscription is (£1) \$6.00 per annum. If subscriptions are remitted in advance to this office, we will send the *Observer*, FREE. Those who have already remitted \$2 for the *Observer*, need send only \$4 more for the *British Journal of Homœopathy*.

(BRITISH) MONTHLY HOMŒOPATHIC REVIEW. Editors, Drs. Ryan, Bayes and Pope. Published by Henry Turner & Co., London, England, and E. A. Lodge, Detroit, Michigan.

The number for January, 1866, contains,—The Past and the Future: 1865 and 1866. Is Homœopathy on its trial in the Treatment of the Cattle Plague? By Dr. Bayes. Experimental Treatment of the Cattle Plague. Arsenic: a Comparison between its Toxic and Therapeutic Effects, by W. H. Evans, M. D. Cases of Autumnal Diarrhœa and Cholera treated with *Iris versicolor* and *Irisin*, by George Lane, M. D. Discussion on Homœopathy in the French Senate, by Dr. Leon Simon. REVIEW.—The Veterinarian. NOTABILIA.—Midland Homœopathic Medical Society. Veterinary Homœopathy. OBITUARY.—Dr. Joseph Laurie. James Joseph Gray, Esq.

A good number.

PROCEEDINGS OF THE EIGHTEENTH ANNUAL MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, held at Cincinnati, June 7, 1865.

The Proceedings contain several valuable and interesting papers,—Annual Address, by Wm. W. Rodman, M. D. Report of the Central Bureau for augmentation and improvement of the *Materia Medica*. Proving of *Saponaria officinalis*, by W. E. Payne, M. D. Report on Whooping Cough, by C. Neidhard, M. D. Report on Compound Dislocations of Long Bones, by S. R. Beckwith, M. D. A Medico-Botanical Study, by E. M. Hale, M. D. Memorial, by Carrol Dunham, M. D. Report of the Connecticut Homœopathic Medical Society. Report of the Homœopathic Medical Society of Alleghany

County, Pennsylvania. Synopsis of Medical and Surgical Reports of the "Northern Home for Friendless Children," by Bushrod W. James, M. D. Report of Homœopathic Infirmary, Philadelphia, by Bushrod W. James, M. D. Communication from T. S. Verdi, M. D. Obituaries. Treasurer's Report. Constitution and By-laws. Names of Members. Officers of the Institute.

A number of corrections should be made in the list of members. Dr. Hiram C. Driggs resides at Saginaw, not Detroit. Dr. Henry Duffield died Dec. 5, 1865. Dr. B. L. Hill's residence is Berlin Heights, Ohio, not Berlin. Dr. Freeman Horton died four years ago. Dr. N. Stebbins died April 1865. Ann Arbor is not spelled Ann Harbor (Chicago printers can do better than this). Dr. A. S. Wright is at Omaha, Nebraska, not Indianapolis, Indiana.

About half a page of "errata" might follow the "Medico-Botanical Study," by E. M. Hale, M. D.

Rofinesque should be *Rafinesque*; flammula, *flammula*; tricolor, *tricolor*; nattalliana, *Nuttalliana*; cadensis, *canadensis*; ignarius, *ignarius*; scutillaria, *scutellaria*; santomea, *santonica*; corolata, *corollata*; ochrolenta, *ochroleuca*; jahn, *Jahr*; pharmacopœa, *pharmacopœia*, etc., etc., etc.

The next meeting of the Institute is to be held at Pittsburgh, Pa., on the 6th of June 1866.

The Secretary is ordered to withhold the proceeding from members more than two years in arrears for dues. If members do not receive a copy, the inference is natural. Address G. D. BEEBE, M. D., Secretary, Chicago, Ills.

POPULAR HOMŒOPATHIC JOURNAL. C. A. Jæger, M. D., Editor.

Published at Elgin, Kane Co., Illinois, at 50 cents per annum.

Dr. Jæger has just commenced the publication of "The Popular Homœopathic Journal" for general circulation. He announces by his prospectus that "The object to be aimed at is, to correct the many erroneous theories, false impressions and ridiculous ideas, concerning the system and practice of homœopathy, which prevails all over this western land. We are aware that these erroneous theories, and wrong impressions, &c., amongst the masses, have been, and are yet, promulgated and circulated with great zeal and unscrupulous pertinacity by our opponents, the old school of Medicine, with a view to stigmatize and ridicule, not only the system of homœopathy, but also its friends and practitioners. To battle against these defamers of our beloved system, and with a view to inform the people upon matters in which they are deeply interested—health and

disease—we have fully determined, after mature consideration, to send forth a popular paper that will be interesting and profitable to the public in general. We shall endeavor to present the claims of homœopathy in such plain language, as to be understood by the good common sense of the people.”

NEW ENGLAND MEDICAL GAZETTE. A monthly journal of Homœopathic Medicine, Surgery and the Collateral Sciences. To be published by the New England Medical Gazette Association.

The first number was expected the 15th of January, but has not made its appearance yet. (Feb.)

We shall look for a good journal, as the management is in very able hands.

SYNOPSIS OF A FORTHCOMING WORK ON CONSUMPTION and its numerous kindred maladies; with tracings of their causes, and of their cures, under homœopathic treatment. By R. R. Gregg, M. D., Buffalo, 1865.

We hope the Doctor will soon publish his work complete.

HOMŒOPATHY IN NEW YORK, AND THE LATE ABRAHAM D. WILSON, A. M., M. D. By his early friend John F. Gray. New York: published by request of the Homœopathic Medical Societies of the County and State of New York; 1865.

We are under obligations to Dr. John F. Gray for several copies of this Eulogy. It is well written and beautifully printed.

THE (AMERICAN) MONTHLY HOMŒOPATHIC REVIEW.—The January number of this excellent publication has been delayed by the absence of the Editor, Dr. Henry M. Smith. The *Eclectic and University Med. and Surg. Journal* says of the *American Homœopathic Review*,—“It has a good *choir* of *ardent* contributors, whose communications are interesting!”

This is rather an equivocal compliment

Colleges, Societies, etc.

HAHNEMANN MEDICAL COLLEGE, CHICAGO.

The Registrar of this College informs us the present Course of Lectures is in every respect a successful one. The number of students in attendance is more than double that of the last session, comprising representatives from all the North-Western States, the Canadas, Ohio and New York. The division of the session into two

terms, a senior and a junior one, is recognized as of the greatest possible advantage to the pupil. The establishment of five additional chairs, renders the course far more comprehensive than under the old arrangement. These changes meet the decided approval of the class. The clinical course challenges comparison with that of any other school. It is believed that a more thorough-going, intelligent and promising body of young gentlemen has not enlisted in the study of medicine at any time or anywhere. The future prospects of the Hahnemann Medical College are of the most flattering character.

PHILADELPHIA HOMŒOPATHIC COLLEGE.

Prof. Frost writes: "We have eighty matriculants; many of them graduates of other Medical Schools, both allopathic and homœopathic. Our commencement is about the first of March. Our school, the oldest in America, is now just beginning to prosper in reality; and we have the promise of students from England and from the Continent for next year. Our *Hahnemannian Monthly* is constantly extending its circulation, and we hope to make it a worthy advocate of pure homœopathy. Not only are we greatly encouraged, and see before us bright hopes of splendid prospects; but we hope to see the halls of every Homœopathic College in America, as well our own, filled another year with earnest students. I think the time is not far distant when we shall cease to speak of the allopathic as the dominant school."

SOCIETIES—WHEN AND WHERE THEY MEET.—1866.

Miami Homœopathic Medical Association meets at Dayton, Ohio, May 3d, 1866

The "*Canadian Institute of Homœopathy*" convenes at Hamilton, Wednesday, May 9th, 1866.

The "*Western Institute of Homœopathy*" at Cleveland, on Wednesday, May 23, 1866.

The "*American Institute of Homœopathy*" at Pittsburgh, on Wednesday, June 6th, 1866.

The "*Michigan Institute of Homœopathy*" at Detroit, on Tuesday, June 19, 1866.

The "*Homœopathic Medical Society of Ohio*" at Columbus, Tuesday, June 12th.

The "*Illinois Homœopathic Association*," at Chicago, June.

The "*Massachusetts Homœopathic Society*" at

The "*Homœopathic Medical Society of Wisconsin*," at La Crosse, Wednesday, Nov. 21, 1866.

[Secretaries of Societies will oblige the Editor by sending dates and places of meeting, copies of proceedings, &c.]

Personal Notices.

Benham.—F. A. Benham, M. D., has removed from South Bend, Indiana, to Bronson, Michigan, in compliance with the wishes of his old patrons.

Blakely.—We add the name of W. James Blakely, M. D., of Benzinger, Pa., to our list of contributors, with great pleasure. The Doctor is a good writer, and the April number will contain an excellent paper on "Traumatic Gangrene," from his pen.

Cullis.—Dr. Cullis has very kindly acceded to our request for a number of copies of the "*First Annual Report of the Consumptive's Home*," founded by him at Boston. We will send a copy to any of our friends who feel interested in the work.

Fish.—Dr. E. Fish will retire from practice at Otisco, Ionia Co., Michigan. He will introduce a good practitioner to a large practice.

Frost.—Prof. Frost, writing to us on unglazed linen paper of a fine texture, having in water lines the letters "C. S. A.," we inquired if it was not confederate bond paper. The Doctor answers: "Your surmise is correct. This is rebel bond paper, a specimen of British neutrality, confiscated from captured blockade runners. *I use it to write my lectures on.*"

Hastings.—Amelia A. Hastings, M. D., desires a location where the services of a lady physician would be appreciated. Her present address is Baltimore, Md.

Hering.—Dr. Constantine Hering celebrated his 66th birth-day on the 1st of January. Our subscribers will be pleased to learn that our venerable friend enjoys excellent health, and bids fair to reach the age of Hahnemann.

Jæger.—C. A. Jæger, M. D., of Elgin, Ills., has just issued the first number of his "*Popular Homœopathic Journal*." It promises to be a very useful publication.

Keep.—We place the name of J. Lester Keep, M. D., on our list of contributors, with much pleasure. He says: "I may occasionally report some clinical cases, and probably add a little testimony in favor of the 'New Remedies,' which I have been using for some time in my clinical practice. *I consider them invaluable.*"

Noyes.—Dr. F. Noyes, of Moscow, Michigan, was recently married to Miss Clara T. Robison, of Franklin, Michigan, at the residence of the bride's father.

Swan.—Dr. Geo. E. Swan expects to locate permanently at Romeo, Michigan. We hope the citizens there will receive him well. We *know* that he is worthy of their confidence.

Wilbur.—Our friend Edwin C. Wilbur, M. D., of Albion, Mich., recently lost by fire his furniture, library and instruments. We are sorry that he was not protected by insurance. His popularity, however, will make it only a temporary embarrassment.

DEFERRED ARTICLES.

CASES OF TRAUMATIC GANGRENE, WITH THEIR TREATMENT.—By W. JAMES BLAKELY, M. D.

HAMAMELIS IN DYSENTERY.—By A. B. SPINNEY, M. D.

MY FIRST STEPS.—By PROF. T. P. WILSON.

SORE BREAST.—By C. C. SMITH, M. D.

ON THE DOSE.—By E. P. MOSMAN, M. D.

ON DIPHTHERIA.—By T. C. HUNTER, M. D.

BRONCHITIS.—By F. X. SPRANGER, M. D.

PERMANGANATE OF POTASH IN DIPHTHERIA.—By THOMAS NICHOL, M. D.

IMPACTED FRACTURE OF THE NECK OF THE FEMUR.—By LEWIS G. LOWE, M. D.

HYDRORACHIS.

EDITORIAL NOTICE.

ONE HUNDRED CONTRIBUTORS!—We experience particular pleasure in being able to say that our list of contributors now numbers ONE HUNDRED. No name has been added without permission, and all are actually writers for the magazine, with exception of two or three, and these have promised to write. A full list of their names is published on the outside cover of the present number.

We have quite a large box of rejected manuscripts. Some of the writers have probably been half offended that their contributions did not appear in print. We hope that they will not be prevented from writing again; the next article might be very acceptable. We have been quite liberal in the admission of articles, and think that we have done well. If the first communication of a young physician, who has perhaps never written for a magazine before, is rejected, he will probably never write again. His first attempt is, perhaps, weak. If, instead of throwing it aside, it is revised and printed, he is encouraged to try again, and in a little while he writes to the profit of all our readers. Is it not worth while to help develop talent that can be used to profit?

We receive, by every mail, cash subscriptions and words of encouragement, and feel grateful for this very liberal support. The following extracts are made from letters received:

One physician says: "You are giving us a good paper, Doctor, and I congratulate you upon your success as a journalist. If your suggestion in the last No. of the *Observer*, concerning *single* remedies, is heeded by your numerous correspondents, I think it will become even more profitable to the profession than it has been."

Another: "I like the improvement made on your valuable periodical. Success to you in the good work."

Another: "Your OBSERVER is the best journal I get."

Another: "I am much pleased with your journal and would not do without it."

Another: "In my opinion it is not excelled by any journal in the field."

Our subscription list having increased so much, the labor of addressing the wrappers by hand now occupies several days; we have, therefore, purchased the right of using DICK'S PATENT MAILING MACHINE. After printing the list of our subscribers, we shall soon be enabled to address the whole in about an hour. By its use we shall not only save time, but avoid mistakes and consequent annoyances.

As we wish immediately to print the subscription list, we shall feel obliged if our subscribers will notify us at once of any change of residence; or of any error which may have occurred in our addressing their magazines heretofore.

Should any wish to discontinue, they will please notify us and return the numbers received, which they have not paid for, writing upon some one of them their names, that we may know by whom they are returned.

We also particularly desire that all who wish to avail themselves of our liberal offer, to take \$2 in advance, will do so immediately. We shall take much pleasure in forwarding to them FREE the satirical poem, "The Doctor's Dream," by Prof. HELMUTH.

OTHER PREMIUMS.

To any subscriber, who, in addition to the payment of his own \$2 subscription, sends \$2 for some other NEW subscriber, we will send, postage pre-paid, the "Epitome of the Homœopathic Healing Art," by Prof. Hill, new edition.

For three new subscribers, at \$2, "ELLIS' FAMILY HOMŒOPATHY."

For six new subscribers, at \$2, "HALE'S NEW REMEDIES, *new edition*."

For seven subscribers, at \$2, the British Journal of Homœopathy for 1866.

[Some who charge \$6 for the British Journal, alone, complain that we only charge \$6 for the British Journal *and the Observer*, and that our doing so is equivalent to saying that "*they are cheating the public*." NOT AT ALL. The price in England is £1 sterling, and it cannot be afforded here at less than \$6 per annum. We will not take subscriptions for the British Journal *alone* at less than \$6. By giving the OBSERVER away to all who take the British Journal from us, we get a large number of our subscribers to take that Journal who would not subscribe for it alone. They say the Journal is excellent, but \$1.50 per number is too high a figure. We think we that we are doing the profession a service by thus introducing to them, at no pecuniary loss, one of the best homœopathic publications in the English language.]

For twelve new subscribers at \$2, "Sten's Therapeutics," "Dudgeon's Lectures," "Hill's Epitome," and "Hale's New Remedies;" or we will receive \$1.50 cash, for each NEW subscription, in addition to your own.

Surgery.

FISTULA IN ANO.

A New and Successful Treatment, Without the Knife or Ligature.

BY JOHN PATTISON, M. D.,

*Author of 'Cancer: its Nature, and its Successful and Comparatively Painless Treatment,'
also 'Remarks on some Diseases Peculiar to Women, with their New Treatment,' etc., etc.*

A FISTULA is an abnormal sinus or opening between two parts, lined with a pyogenic or pus-forming membrane, more or less cartilaginous in its structure, which constantly exuding pus or mucus, prevents the walls of the cavity when brought together from healing. Fistulas are found in all parts of the body, and are either the results of inflammation, and suppuration caused by injury, such as a blow, a fall, or of cold or exposure, as a salivary fistula may result from a wound of Steno's duct, or may be caused by inflammation and suppuration of a salivary gland, caused either by cold or an injury, or a blow; the abscess either opens itself externally, or it is opened by the surgeon; and if the latter delay too long in doing this, then a fistula is formed, and the saliva trickles down the cheek. A fistula may also be the result of inflammation of the periosteum, and exfoliation of the bone. This may occur in any portion of the body, over a bone. I have met with them in the scalp, the jaw, the spine the anus and legs, the ribs, and the sacrum, all the result of injury, generally occurring in the scrofulous diathesis.

Again, vesico-vaginal fistula, that is, a communication between the bladder and vagina, or a recto-vaginal fistula which is a communication between the rectum and vagina, are both the results of inflammation and sloughing, generally produced by prolonged labor, the child's head being allowed to press too long on one part; but these two forms of fistula may result from other causes than those produced by childbirth. It is not my intention here to describe these forms of the disease, which I reserve for the next edition of my work "on Diseases peculiar to Women," but will confine myself in this paper to my new mode of treating fistula in ano. The anus is peculiarly liable to this form of disease, from the large quantity of cellular tissue and

number of veins which surround it. There are many accidents that may give rise to fistula in these parts ; among the more frequent may be named abscesses, the result of an injury, as a fall, a kick, or it may be produced by ulcerated piles, or it is a frequent sequence of ulceration of the gut itself. I may here remark, that there are two forms of ulceration which the intestine near the anus is liable to, viz.: " The irritable ulcer of these parts, which is frequently mistaken for fissure of the rectum, but which in fact is simple ulceration. This painful form of disease is known by its not causing so much pain during defecation as the excruciating agony immediately afterwards, and which generally continues for several hours ; indeed, so dreadful is the suffering, that every effort is made to delay going to stool as long as possible. I trust hereafter to write more fully on this painful form of ulceration and the means for its speedy cure ; the second, and more frequent, is the simple or painless ulcer, which often exists for a long time without its existence being suspected or known ; it is from this form of ulceration that fistula is frequently produced, from the constant contractile action of the sphincter ani muscle ; it never of itself heals, it gradually burrows deeper, a small particle of feculent matter is lodged in its centre, irritation is thereby set up, suppuration occurs in the cellular tissue, great pain, heat, and swelling of the parts occur ; it may open externally in the integuments, thereby forming a perfect fistula, or the inflammation may subside and the matter discharged through the centre of the original ulcer, giving rise to an imperfect fistula, for fistulas are known either as perfect, or those having an external and internal opening, and the imperfect, which may be either an imperfect internal fistula, *i. e.*, a fistula having only one opening, perforating the intestines, and the imperfect external fistula, where the opening is in the integument, and has no connection with the gut. This latter form is but rarely met with, as either sooner or later a communication is made internally, and it becomes a perfect fistula. The external fistula is generally caused by an injury, as a kick or fall. Inflammation arises in the cellular tissue, matter is formed, and if not deep-seated, it gradually makes its way to the surface, giving rise to external imperfect fistula. These incomplete fistulas are generally known as "blind fistulas." *Ascaris vermicularis*, or the thread-worms, that are frequently found in such numbers in the rectum, not unfrequently give rise to fistula from the irritation they provoke ; also the use, or rather abuse, of drastic purgatives, which are so frequently cruelly administered to children, is a fruitful cause, of not only fistula, but of other diseases

in these parts ; indeed, I have met with more than one case of cancer of the rectum, the exciting cause of which was the too free use of these drastic poisons.

Among other causes of fistula, writers on the subject name, among others, "puncture of the intestine by fish bones." And several cases are recorded in which persons having swallowed fish bones, they have in their passage through the rectum punctured the gut, giving rise to fistula. I have never met with such a case myself, but can easily believe it to be quite possible. Fistulas do not always consist of one sinus, but often there are several, with one or more openings ; nor do they always run in a straight line, frequently their course is tortuous, and this adds to the difficulty of their treatment.

The symptoms of fistula in ano in the first stage, are heat, tumefaction, and pain in the parts ; but when the fistula has been established for a length of time, then the feeling is not that of acute pain, but there is a sense of uneasiness about the anus, pains in the back and loins, and down the legs ; the linen is soiled with the muco-purulent discharge, keeping it wet and giving rise to much irritation. If either opening should become plugged with a piece of pus or mucus, an abscess is formed by the accumulation of the purulent discharge, great heat, swelling and pain around the anus is felt ; and if its internal orifice is intact, the purulent discharge on the fæces is increased. When the abscess is opened, either by ulceration or by the surgeon, its contents are peculiarly fetid. In the complete fistula, not only does flatus pass involuntarily through the sinus, but also small pieces of fæces, giving rise to great discomfort, inconvenience, and at times considerable pain and suffering.

In treating this disease, the sphincter ani muscle, from its being more or less in a state of contraction, is the chief difficulty that surgeons have to contend with ; and to this must be added the unhealthy, callous, semi-cartilaginous, pyogenic lining membrane, which, until removed or destroyed, will prevent all healthy action in the sinus. Therefore, all operations for the cure of this disease have been directed to these two points, viz.: to prevent the contraction of the sphincter ani, and to destroy the pyogenic lining membrane. Caustics have been used by some surgeons, but have met with little favor, and I believe still less success ; for although by the judicious use of these agents the unhealthy membrane may be destroyed, and the sinus reduced to a healthy sore, that would freely heal if the parts could be kept at rest, by the mere use of caustics the sphincter ani is left intact, and from the irritation set up, its action is more active than

before. At the present time, the usual operation is performed with the knife, and I know in many instances with success; but as is the case in many other operations, where the process consists of simple cutting, the disease is very apt to return; indeed, Mr. Ashton mentions the case of a gentleman who submitted to twelve operations without success. Mr. Ashton operated on him the thirteenth time, and has reported the case as cured.*

The operation is usually performed by introducing the index finger of one hand into the rectum, and a grooved director is gently inserted into the sinus until its point comes in contact with the finger. A probe-pointed narrow bistoury is then pushed slowly but firmly above the groove of the director until it impinges on the index finger, when both are withdrawn together, the bistoury dividing not only the whole extent of the fistula, but also the sphincter ani muscle. If there is more than one sinus, the operation must be repeated until all are laid open. Some surgeons proceed a step further, and carefully dissect out the lining membrane of the fistulas; this is unnecessary, and adds to the severity of the operation; the deep wound made by these incisions is dressed from the bottom, and these dressings are allowed to remain until spontaneously removed by the action of the bowels, when a healthy, granulating surface is generally exposed, which is afterwards healed in the usual manner. My objections to this mode of operation are its severity, and the weakness that invariably follows from the great loss of blood, and the uncertainty whether, after undergoing all this suffering, a cure will be effected or not. To these may be added minor inconveniences of the risk of the operation, or at least the constitutional disturbance, caused by the inhalation of chloroform, confinement to the bed, or at least to the bed-chamber for some time, and the fear that always takes possession of the mind when a severe operation is to be submitted to, especially if it is not for the first time. In addition to these, there is sometimes an operation performed where the ligature is used instead of the knife. I think it is far more uncertain in its results, and more painful than the operation by excision, and I would, therefore, never advise its performance.

Such being the severity and uncertainty of the usual operations, it becomes the duty of all surgeons to see if other means cannot be devised, less painful, and less uncertain, to cure this troublesome complaint. For many years my thoughts had been turned to this subject, but it was not until the year 1853 that I completed the plan

* Ashton on 'Prolapsus Ani,' 'Fistula in Ano,' and 'Hæmorrhoidal Affections,' p. 66,

of the operation which has been so successful in many cases. The great difficulty was to devise some means to prevent the action of the sphincter ani muscle without dividing its fibres with the knife: it then occurred to me, that when a muscle is overstretched, it becomes for the time being, and for a considerable time afterwards, paralyzed. As, for example, when the shoulder is dislocated, after it is reduced, the four muscles that retain it in *situ* are so paralyzed, that unless supported, the head of the bone would be speedily drawn from its socket by the mere weight of the limb, and I thought that the sphincter ani, if overstretched, would be paralyzed like other muscles; and if this could be accomplished, the destruction of the pyogenic lining membrane of the fistulas could be easily managed, and a simple, bloodless, and comparatively painless mode of treatment would be inaugurated. It was not, however, until the beginning of 1854, that I had an opportunity of putting this theory to the test. The following is the history of my first case:

Sir Arthur N——, Bart., æt. 63 years, called on me on Christmas day, 1853. He told me he had been suffering from fistula in ano for several years, and about nine months previously had been operated on by a distinguished Scotch surgeon; the operation was not completely successful. He was a very large, fair-complexioned man, of a nervous excitable temperament, who dreaded to be touched, and flinched from even an exploring examination, to which, however, at length he consented. I discovered close to the cicatrix, about three-quarters of an inch from the anus, a small fistula, which I found entered the gut about a quarter of an inch from the anal orifice; and about the fourth of an inch from the first sinus there was another, which joined the first some little distance from its external opening. There was only one rectal opening. Considering this to be a fair case for trying my theory, I fully explained to Sir Arthur my views and intentions. He departed, stating he would see me again in a few days. He did not return until the 19th of January, 1854. During this interval he had consulted several of the most distinguished London surgeons, who urged him to submit to another operation by the knife, but, whatever he did, on no account to allow me to experiment on him. Rather than submit to a second period of exhaustion and suffering, he placed himself under my care, it being previously impressed on his mind that as the operation, as far as I knew, had never been performed before, I could offer no assurance as to the results.

On the 22d January, 1854, and the following day, I injected the

sinuses with an infusion of the powdered root of the *Hydrastis can.*, to clean the passages from the muco-purulent discharge; I then filled them with soft cotton thread saturated with an ointment composed of equal portions of sulphate of zinc and simple cerate. On the third application the sinuses were sufficiently opened to allow the introduction of a large-sized probe, and I was thus enabled to fill them with pure anhydrous sulphate. This operation did not cause pain for a longer period than ten minutes. Two days after this I removed the dressing, with a portion of, if not all, the callous lining membrane. I repeated the same dressing of the pure sulphate a second time, on the 30th January, which was not removed until the 2d February. These dressings were quite sufficient in a simple case, but I was anxious to reduce both sinuses into one sore, and, as it was a first case, to do enough. It was the 7th of the month before this was accomplished. During the whole of this time my patient suffered little or no pain; indeed, he took daily exercise, and regularly attended church on Sundays. Inflammatory action was arrested by the application of cloths dipped in an infusion of the *Hydrastis*, and the bowels were regulated by throwing into the rectum half a pint of a weaker infusion of the same every morning, and on the 13th the parts destroyed by the action of the sulphate commenced sloughing, but it was not until the 15th that all had come away. The time had now arrived for trying if the sphincter muscle could be paralyzed by overstretching. I placed my patient in a proper position, and inserting both thumbs into the anus, I gently but firmly drew them apart towards the tuberosities of the ischium, and retained them there for some five minutes. The muscle was completely paralyzed; its contractile power ceased. I immediately dressed the sores from the bottom with an ointment composed of two parts of Unguentum resinæ flavæ and one part Sp. Terebinthini. 16.—Healthy granulations had appeared. Dressed daily with the same dressing until the 22d, when I discovered the sphincter had commenced again to act; I therefore at once repeated the operation of the 15th. The muscle was also overstretched again, for the last time, on the 27th; the sinuses healed rapidly, and on the 7th March I had the satisfaction of sending away my patient cured. I had the pleasure of seeing the gentleman again, in the summer of 1861, over seven years having elapsed since the operation. He informed me that he was quite well, and had never experienced any inconvenience since he last saw me. He then allowed me to make an examination, and I could detect no trace of disease.

My only fear, when I attempted to paralyze the sphincter muscle, was, that there would be an involuntary discharge of fæces. These fears, however, were unfounded, as in all my cases none of the patients suffered the least inconvenience from this cause.

Mrs L——, æt. 43 years. This lady, residing at Geneva, Switzerland, first wrote to me in February, 1858. At that time she had been suffering for more than twenty years from fistula in ano, and for nearly three years had been bedridden. When young she suffered from ascaris vermicularis, and she stated that all her sufferings had arisen from the quantities of drastic purgatives, such as Calomel, Cow-itch (*Mucuna pruriens*), Gamboge, &c., &c., with which she had been literally poisoned, giving rise to constant heat and irritation in the rectum, but it was not until the birth of her second child, when she was twenty-three years of age, that a tumor was discovered in the rectum, which was removed by Dr. Copeland. She stated that at that time she was greatly exhausted by incessant suffering, caused by the formation of one abscess after another, which communicated with the rectum, and during the whole of the last twenty years she has been more or less a sufferer.

On the 8th May, 1858, I proceeded to Geneva to see this lady, where I found her in a dreadful state, weak and emaciated from the profuse discharge, in constant suffering, and confined for so long a time to her couch, that I almost despaired of being able to do much for her. The whole of the left nates was swollen and discolored, the skin being deprived of the cuticle, and irritated by the constant discharge; about an inch and a half from the anus there was the orifice of a large sinus opening, lined with a thick cartilaginous membrane, with everted edges, and around the skin was livid and discolored. This was the original fistula, of more than twenty years' standing; it communicated direct with the intestinal canal. About an inch from this fistula, between the os coccygis and the tuberosity of the ischium, there was another large fistulous opening, the result of an abscess which broke in June, 1857. Besides these, there were five other distinct openings, through which I easily introduced a probe, and found that which communicated with the first sinus. At this time, from the lady's exhausted state, I could not attempt any surgical treatment, further than to allay the excessive irritation, to arrest the profuse discharge, to ease her constant suffering, and, if possible, to recruit her feeble strength. For this purpose she took different medicines, as the symptoms required; such as the *Hydrastis canadensis*,

Arsenicum, *Calcareo carb.*, *Cuprum*, &c., &c. The bowels were regulated, when necessary, with *Sulphur*, *Nux v.*, or *Opium*. The sinuses were injected daily with an infusion of the root of the *Hydrastis canadensis*, and the external irritation was soothed by cloths dipped in the same, and kept applied over the whole of the left hip. Her diet was nutritious and stimulant. As the warm weather was approaching I advised her, if possible, to be removed to some of the neighboring villages, so as to escape from the heat and din of the town. I heard regularly from the lady, and was delighted that every week produced a marked change for the better. She had been removed to the village of Pregny without increased suffering.

On the 11th September following, I again left London to visit her. I arrived at Pregny on Tuesday, 14th, when I found the lady's general health much improved, but she was still unable to sit up, and was only easy when reclining on a couch, or in bed. The discharge from the sinuses was not so ichorous, but still it was far from being healthy pus. That afternoon I overstretched the sphincter ani, and threw into the fistulas, by means of an Anell's syringe, a strong solution of sulphate of zinc. This injection caused no pain, and she passed an excellent night. On the morning and evening of the 15th I again injected the parts with a saturated solution of the sulphate. The pain caused by this did not last five minutes, and the relief from the old uneasy sensation was very marked. On the 17th I found Mrs. L—— to be so well that I proposed she should accompany me on the following Monday to London. This proposition to a lady who had had been bedridden for nearly three years took herself and family by surprise; but after consulting together for a short time, and having confidence in me, from God having blessed the means I employed, so far, they readily consented and gave her a *carte blanche* to make the necessary arrangements. These, by means of the telegraph, were speedily completed, and on Monday forenoon, the 20th September, the lady left Pregny in a litter for Geneva, where a compartment in a carriage had been retained for her. We arrived in Paris early on Tuesday morning, where a litter was in readiness, and conveyed her to Meurice's, where she rested until the next forenoon, when she was again carried to the station of the Great Northern Railway. It was near midnight when we reached Calais, and my patient was but little fatigued. I had her immediately conveyed on board of a steamboat, which sailed shortly afterwards direct for London Bridge, where we arrived on the Thursday forenoon, the 25th. An invalid carriage was in waiting, and by one o'clock this poor lady was in her lodgings

in St. John's Wood, very little fatigued, and during the whole journey she had not suffered any pain. The treatment was persevered in.

Within a month after her arrival she had so far recovered and gained strength as to be able to be up each day; in another month she took daily carriage and walking exercise, and early in the year 1859 she was able to walk two or three miles without fatigue. She progressed rapidly, but from the extent of disease it would have required a very long time to effect a radical cure. I have no doubt but this would have been done if she had been able to remain under my care. During the greater portion of this time the constitutional treatment was carried out by my friend Dr. J. Garth Wilkinson.

I met a cousin of the lady some three years ago, who told me that Mrs. L—— was at that time very comfortable, and was able to go about and enjoy herself. By these simple means, which I employed, and with God's blessing in this remarkable case, this poor lady was rescued from a state of great suffering, and was restored to the society of her family and friends.

The following is a copy of a letter which the lady wrote to me; it is so full and explicit, I insert it without remark.

LONDON, 4th June, 1859.

"MY DEAR SIR:—A statement of my case may induce others sufferers to seek your assistance: and this hope induces me to say a few words about myself, for the encouragement of all those who are afflicted with the malady which for twenty years has been the torment of my life. When I consulted you last year, I had been bedridden for more than two years, and I was reduced to such weakness as to be unable to move without assistance. Three months after the commencement of your treatment, I was restored beyond the most sanguine hopes of my friends, and I have every right to believe that before long, under God's blessing, you will complete my cure. As I know that absurd reports are extant, relating to the severity of your remedies, and the great pain they inflict, I beg to bear witness that in my instance I found them trifling indeed, in comparison to the slow torture of my disease. The inconvenience lasted but for a few minutes, and is not to be mentioned when compared to the speedy and excellent effects of the remedy. I ought, perhaps, to add, that I have been operated upon by one of the leading London surgeons, and that I have been also under the care of some of the most eminent medical men on the Continent, without benefit. Should any one desire to see me on the subject of

this letter, I shall be very happy to give all the information in my power.

"I am, my dear Sir,

"Yours very truly,

"S. L.

"To John Pattison, Esq., M. D.

10, Cavendish Road, St. John's Wood, London."

Mr. F —, æt. 56 years, from Manchester. This gentleman visited me on the 13th August, 1861. He had been suffering for some years from fistula in ano, and about six months previously had been operated on in the usual manner. The operation proved unsuccessful, and rather than submit to another, he placed himself under my care. I visited him at Furnival's Inn, Holborn, on the 14th of the same month, when I overstretched the sphincter ani, and dressed the sinuses with the sulphate. These dressings were applied only four times, when the pyogenic membrane was destroyed. The pain was so trifling that he preferred coming up daily from Furnival's Inn to St. John's Wood to be dressed. In three weeks he returned home quite well, and I believe he has remained so ever since.

Since my first case, in 1854, I have had some fifteen cases of this disease, which I have treated in this new manner. All were eminently successful, excepting one, and that was, perhaps, more owing to the restlessness of the patient than anything else. It was the case of a merchant, residing in Porchester Square, a nervous, excitable man, *who sadly wanted repose in his composition*, as he never was still. I dressed him every morning, and immediately afterwards he used to walk down to St. Paul's Church Yard, to business. The sphincter was overstretched about once a fortnight. Progress was very slow, probably owing to the dressing being removed by walking. We both got tired, and he placed himself under the care of a pure surgeon, with what result I cannot tell, as he shortly after this left the country. Surely, however, I have advanced proof sufficient to show the originality, simplicity, and comparatively painless treatment for a sad disease, which before could only be cured by a severe and bloody operation.

Since I commenced this paper a friend has sent me a pamphlet, written by Dr. Van Buren, of New York, in which he gives several cases of irritation of the anus being cured by paralyzing the sphincter.* The date of his first case is 1861, my first operation was performed in 1854. Dr. Van Buren states that Recamier, of Paris, first proposed

* "Contributions to Practical Surgery." By W. H. Van Buren, M. D. J. B. Lippencott & Co., Philadelphia, 1865.

paralyzing the sphincter for irritable ulcer, but he makes no mention of its ever having been applied in fistula in ano ; nor does he mention the date when Recamier first proposed doing so.

For the American Homœopathic Observer.

IMPACTED FRACTURE OF THE NECK OF THE FEMUR.

BY LEWIS G. LOWE, M. D.

In reviewing my surgical cases for the year 1865, I recall two which I think it possible may be worth noting in your "*Observer*."

I was called, in January 1865, in company with another physician to visit a patient of 70 years or upwards, who had fallen in his woodshed, having stumbled over the chopping block while carrying an armful of wood. The force of the blow was upon his left hip. By the fall he was deprived entirely of the use of his left leg. After lying in this helpless condition for about an hour, he was discovered and carried into the house and laid upon his back on the bed, in which position we found him.

On inspection nothing was revealed save a slight shortening of the limb, and an eversion of the foot. On applying passive motion, rotation, flexion, &c., we could discover neither restricted nor too free motion. No pain accompanied the manipulations, save when the leg was moved suddenly in a horizontal plane.

From these *data*, I diagnosed, fracture of the neck of the femur ; and as we could detect no crepitus, and no undue flaccidity of the limb, and as the leg was shortened and the foot everted, I regarded it as an *impacted* fracture. Other physicians who saw the case differed from me, and for a time led me to believe that my decision was incorrect. About three months after this, however, I was called to another patient, an elderly lady, who had slipped down, striking her hip and depriving her of the use of her leg. I found the case exactly similar to the previous one, and satisfied myself that it was an impacted fracture of the neck of the thigh bone, and became confirmed in my original diagnosis of the first case.

My decision with regard to these cases was founded on remarks made by Dr. Henry J. Bigelow in his lectures on fractures, delivered before the medical class in Boston, while I was a student. He has made the fractures of the neck of the femur a special study, and I may be pardoned for attempting to give an abridged description of this impacted fracture, as explained to the class by Prof. Bigelow. On examining the femur internally, we find its upper portion to con-

sist of a series of laminæ, stretching across from the outer walls. These, by their intersection, give to the interior of the bone a cancellated structure, which serves to strengthen this portion of the bone, which is expanded for the purpose of receiving the many muscles attached to the trochanters and intertrochanteric line. The anterior wall of the bone is here thick, but the posterior is almost as thin as paper. The part of the shaft to which the lower side of the neck is attached, is thinner than at the intersection of the upper portion. As the bones of old people are comparatively brittle, a fall upon the hip not unfrequently fractures the neck of the thigh bone, and if this fracture be near its line of union with the shaft, may break down the cancellated structure, and weak portion of the wall, on the anterior and inferior boundary line. If the blow be sufficient to firmly impact the broken extremities, we shall detect neither crepitus nor undue mobility of the limb on applying passive motion; but an evident retraction of the leg and eversion of the foot; for as only the front and lower portions of the cervix enter the bone, the parts being weakest here, we have the shaft rotated outwards, while the neck is turned down to a right angle causing the shortening.

With regard to treatment, Prof. Bigelow advises only rest and slight extension, and says we cannot give a very favorable prognosis, as this form of fracture is confined mostly to the aged.

In the two cases above referred to, one patient has recovered the use of his limb so far as to be able to walk with the aid of crutch and cane. The other, 78 years of age, is not able to walk, and has only recovered the use of her leg to a slight extent. In neither of these cases did I advise extension, thinking there would be no chance for union, if the parts were separated in the least.

It is possible, Mr. Editor, that I may at some future time draw from my memory and my note book, some of the remarks of Prof. Bigelow, on an usual variety of dislocations of the hip joint, since the Professor has not as yet published his work on Surgery, which we are led to expect, and which every one of his former pupils is impatient to have lying on his table.

CATARRHAL OPHTHALMIA.—HENRY HANCOCK, Esq., Surgeon, in *British Medical Journal*, June, 1865, says: "From many years' experience in the treatment of catarrhal ophthalmia by local astringents, such as *Nitrate of silver*, *Sulphate of zinc*, etc., I am convinced, more frequently than otherwise, that their employment prolongs the complaint, and causes granulation of the lids. Freely admitting that bleeding, local or general, frequent doses of *Calomel*, or any violent depleting remedies, do harm and should be avoided, as in erysipelas, I have for some years past entirely restricted my treatment of catarrhal ophthalmia to constitutional remedies, for the most part of an attractive, a stimulating, and tonic character, merely directing the eyes to be fomented frequently with warm water, as much for the purpose of cleanliness as of comfort."

For the American Homœopathic Observer.

HYDRORACHIS.

The following very unusual and interesting case, has been kindly furnished us by the medical gentleman connected with it. Similar malformations not unfrequently occur in the spinal region, but I can find no case on record where it has been found to exist in the skull. Hoping the case may prove instructive to your readers, I give it as nearly as possible in the language of the gentleman who reported it.

Cleveland, Ohio.

W.

CASE.—Female child nine months old. Fifth child, and like all the rest of the family, strongly marked with a scrofulous diathesis. All the children died young. On the mother's side, the ancestors had been much afflicted with cancer. At birth of this child, a large tumor was found fully formed in the occipital region, measuring fourteen inches in circumference, and filled with a serous fluid, which, on being evacuated, emitted a very foetid odor. The tumor gradually increased with the growth of the child, until it became very bulky and troublesome. Upon consultation, an operation was deemed advisable. Dr. J. G. Schmidt, of Detroit, assisted by Dr. A. J. Sawyer, and in the presence of Drs. Cooper, Palmer and others, placed the child upon the operating table, upon its left side, and with a strong cat-gut and double canula, cast a ligature round the pedicle of the tumor, at a little distance from the head of the child. As soon as the tumor presented the appearance of strangulation, a trochar was introduced, and the accumulated fluid drawn off. The ligature was steadily tightened as the child would seem to bear. Presently another trochar was introduced, and the canula left in, like the first, to thoroughly drain the fluid out. Two tourniquettes were then applied, to more fully evacuate the tumor and complete strangulation. The tourniquettes were subsequently removed, and the tumor left for the night under the action of the ligatures alone. During the night the child rested well and nursed the bottle freely.

The following day the child seemed somewhat weaker, and the tumor emitted an offensive odor, and otherwise showed thorough disorganization. The necessity for entire removal being most unmistakably clear, Dr. Schmidt, with Drs. Sawyer, Dorsch and Cooper, met at 2 P. M. that day. After carefully exploring with a probe the internal structure of the mass, Dr. S. cut boldly across the neck of the tumor, until he reached its central portion, when turning his scalpel he divided the whole mass through its longest diameter. As

nothing was found to contra-indicate the entire removal of the tumor, it was accordingly done by continuing the transverse incision through the entire structure. About the neck of the tumor, the tissues were semi-cartilaginous, but the body was a pultaceous mass, composed of membranous, areolæ, nervous and vascular tissues, filled with extravasated blood. The operation caused little hæmorrhage and but slight pain. One hour after, however, the child went into a spasm, from which time it gradually sank, and finally died without a struggle. In the earlier part of its existence, it was subject to spasms which were always relieved by evacuating the tumor.

Reasons for operating: 1. Request of parents. 2. The parents having had so many similarly deformed children. 3. Never having seen any notice of such a tumor in the occipital region. 4. Having prognosticated that an operation for the removal of the tumor might have been performed without any material jeopardy to the child, if performed soon after birth, which was in the opinion of the medical gentlemen present confirmed by an autopsy, which disclosed a membranous septum between the cerebellum and the interior of the tumor. Moreover, the operation had no visible effect upon the nervous system of the child.

NITROUS OXIDE GAS AS AN ANÆSTHETIC.

Letter from Professor Carnochan to Dr. Colton.

DOCTOR G. Q. COLTON: Sir— I have received yours of the 15th, requesting a general statement of the facts respecting the three surgical operations which I performed with the nitrous oxide gas, administered by yourself as the anæsthetic, and my opinion on the value of this new agent, as compared with chloroform and ether.

The first operation took place on the 22d of last July, and was the removal of the entire breast and glands of the axilla, for cancer. The patient, a lady in feeble health, was suffering from disease of the throat and lungs and general debility. In thirty-five seconds from the time she began inhaling the gas she was in a profound anæsthetic sleep. She remained insensible for sixteen consecutive minutes until the operation was completed, and in forty-five seconds from the time the bag was removed, awoke to consciousness without nausea, sickness, or vomiting, as is so often the case with the inhalation of chloroform and sulphuric ether.

The second and third capital operations occurred at the State Hospital on the 2d instant, and consisted of two amputations of leg. The

time required to produce anæsthetic sleep in the first patient, a male adult, extremely debilitated and worn out by disease, was forty seconds—time in returning to consciousness fifteen seconds; whole duration of the operation and influence, two minutes and a quarter. No nausea or unpleasant symptoms.

The third operation was on a boy, of about thirteen years of age. The time consumed in inhalation, operation, and recovering from the anæsthetic sleep was two minutes; the gas working equally as well as in the other cases and the patient after complete anæsthesia awaking entirely free from unpleasant symptoms.

For minor operations, or for capital operations, such as amputations, which when properly performed should require but a few minutes, I have no hesitation in stating that nitrous oxide gas as an anæsthetic is far superior to either chloroform or ether. Insensibility is suddenly produced and the patient recovers consciousness quickly, the operation being attended with no nausea or sickness and without the dangerous effects often incident to chloroform and ether.

It is worthy of remark that the nitrous oxide gas approximates in its chemical combinations to the composition of the ordinary atmosphere, and we may thus, inferentially, account for its more favorable influences. Whether it can be used in operations which from their nature require from half an hour to an hour's time, remains still to be proved by actual experiment. The duration of the anæsthetic influence in the case of the first operation, previously alluded to, is the longest on record, and I may here state that this is the first capital operation performed under the influence of the gas, since the great discovery of Wells of Hartford, twenty-two years ago, that a harmless sleep could be produced by a chemical agent which could annul for the time being the greatest suffering. It is not at all improbable that had Wells lived and had the boldness to follow up his early and successful experiments, chloroform and ether would never have been thought of as anæsthetics.

To you is due the credit of reviving the use of this important agent, in the practice of dentistry after a lull of twenty-two years.

The value of a safe anæsthetic agent, which can be used without anticipation of danger by the patient, is a great boon to suffering humanity, and I have related thus minutely its action in my own cases, in the belief that if similar favorable results are met with by others, the nitrous oxide gas will supersede all other anæsthetics now in use.

J. M. CARNOCHAN, M. D.

Surgeon-in-Chief to State Hospital, &c, &c.

14 East Sixteenth street, New York, Dec. 22, 1865.

A SIMPLE MODE OF EXAMINING THE FUNDUS OCULI.

BY DR. A. M. ROSEBURGH, TORONTO.

I find that the fundus of the eye can be examined without the mirror of the ophthalmoscope as follows: The lamp is placed on a table in a dark room. The patient is seated on a chair two or three feet from the table, and facing the light. The chair of the observer is placed with the back against the table and between the patient and the lamp. When the surgeon is seated, the lamp should be immediately behind the right shoulder and very nearly on a level with the eye. By now bringing the right eye in a line with the lamp and the eye of the patient, but so as not to shade it, if the pupil had been previously dilated with atropine—the fundus is seen to be illuminated. In order to see the details of the posterior internal surface of the eye, a lens of about two inches focus is placed within an inch or two inches of the eye under examination. An inverted image of the fundus can now be seen forming an aerial image about two inches in front of the lens.

The optic nerve entrance and the radiations of the retinal vessels can be seen by directing the patient to look at the light, or two or three inches farther from the surgeon's eye, but in the same horizontal line.—*Canada Med. Journal*, Sept., 1865, p. 106.

AN IMPROVED SPECULUM FOR THE EYE.

BY J. Z. LAURENCE, ESQ., SURGEON TO THE OPHTHALMIC HOSPITAL, SOUTHWARK.

I shall briefly enumerate the disadvantages of the wire speculum in ordinary use for exposing the eyeball for operations, and the remedies I have introduced in my form of instrument.

1. The parts of the instrument which are directly employed in separating the eyelids are too short—they do not separate them in their entire lengths; in my instrument these parts of the instrument are increased to about the seven-eighths of an inch.

2. These same parts are straight; in my instrument they are gently curved, in conformity with the natural curves of the palpebral sinuses; thus any separate and unnatural dragging on individual parts of the eyelids is avoided.

3. Whenever the patient resists, more or less violently, by powerful spasmodic action of his orbicular muscle, the separation of the eyelids by the wire speculum, the eyelids, especially the upper one, are forced down over or under the wires, so that the part of the eye-

ball exposed to view is materially diminished ; indeed, in certain operations (*e. g.*, those on the cornea, iris and lens), more especially when the eyeballs are much sunken or small, the action of the wire speculum is practically annihilated.

This disadvantage I have met by substituting for the wires, which should separate the eyelids, grooves of metal—troughs, if I may so say—which receive the eyelids and absolutely prevent their overlapping, and thus contracting the surgeon's field of operation.

1. With the head-rest fix the head ; 2. With this speculum expose the globe fully ; 3. With bulldog forceps fix the eyeball itself, and you may operate on the most unruly subjects and children without assistants, without chloroform (where the nature of the operation does not specially indicate it), with the greatest ease and certainty. My own experience in all kinds of operations on the eye of the preceding method of securing immobility for the purpose of operation is most favorable. I now submit it to others less prejudiced, perhaps, than myself.—*Med. Times and Gazette*, June 24, 1865, p. 647.

Materia Medica.

PROVING OF ASCLEPIAS TUBEROSA.

BY THOMAS NICHOL, M. D., OF BELVILLE, C. W.

The Prover is 34 years of age, strong and muscular, of sanguine temperament, with fair hair and gray eyes. Has been accustomed to the proving of drugs, and is very susceptible to their influence.

On Nov. 9th, 1865, being in excellent health, I took at 11:45^{A.} M. 20 drops of the 1st decimal dilution of a tincture of *Asclepia tuberosa* procured from Dr. Lodge's Pharmacy ; in fifteen minutes dry cough with constriction of the throat ; at 12 o'clock feeling of warmth in the chest, with dull pain at the base of both lungs, with feeling of tightness. At 12:30 P. M. sharp pains shooting from the left nipple downward, with stiffness of the left side of the neck. The pulse was 64 at the commencement of the proving, it is now 88 and small. Warmth of the skin. At 3 P. M. took 30 drops 1st decim. dil., at 3:30, return of the pain beneath the left nipple, with palpitation of the heart. Throughout the evening the pains kept increasing, making respiration painful, especially at the base of the left lung, which is dull on percussion, while the cough is dry and spasmodic. At 10 P. M. took 40

drops first dec. dil. Was awake about 4 A. M. and found that the pain was increased and the cough worse. Towards evening unusual elevation of spirits.

Nov. 10th. Took 40 drops at 11 A. M. At 12 M. dull aching headache in the forehead and vertex, which is aggravated by motion and relieved by lying down. At 12:25 P. M. rumbling and uneasiness in the bowels with feeling of heat in the umbilical region. The headache presses deeply on the base of the skull, and is very similar to the Ipec. headache. Itching of the skin of the thighs, though no eruption is visible. At 4:30 P. M. the pain moved up to behind the sternum, and became more sharp and cutting; aggravated by drawing a long breath and by motion of the hands as in triturating. Chilly, with cold feet, though the room was warm. At 5 P. M. took 40 drops. Singing or loud speaking aggravates the thoracic pain. At 10 P. M. took 40 drops.

Nov. 11th. At 9:30 P. M. took 50 drops of the same preparation. Swimming of the head with dullness behind the forehead. Continued itching of the thighs and nates. The cough continues dry and harsh, and coughing causes pain in the forehead and also in the abdomen. The pain in the lungs is relieved by bending forward. The spaces between the ribs close to the sternum are tender on pressure, and the pain, which is quick, darting and more acute than at first, shoots over to the right side. At noon the pain was shooting up to the left shoulder which was painful in motion. At 9 P. M. the cheerful mood changed, and, without any exterior cause, I became fretful and peevish.

Nov. 12th. Had uneasy sleep during the first part of the preceding night, with frightful dreams, which awoke me at 3 A. M. Found that the pain of the left lung had abated, and had left a feeling of weariness, though the pain returned on coughing or drawing a deep respiration. The pain is now very acute on the right side, and seems to be seated in the pleura. Cough dry and hacking, though a little mucus is raised with a great effort. 9 A. M. head feels dull and gloomy, and there are sharp, shooting pains in the right shoulder. 10 P. M. took 20 drops of the mother tincture. At 4 P. M. pressing pain in the bowels and emission of fetid flatulence. At 5 P. M. pressive pain in the stomach, with rumbling in the bowels. Languor and disinclination for work. Awoke at 3 A. M. by rumbling in the bowels accompanied by sharp cutting pains; felt tranquil and calm, though the pain was very severe.

Nov. 13th. Soft and fetid stool at 11 A. M., preceded by rumbling in bowels. Thoracic pains easier to-day, though they are still felt in

the region of the diaphragm and on motion. At 4 P. M. took 30 drops of the mother tincture. At 5 P. M. another stool similar to that in the morning; this is an unusual occurrence. At 11 P. M. urging to stool. Slept all night, but had gloomy and frightful dreams. On awaking at 6 A. M. rumbling in the bowels with soreness of the peritoneum; a dull pain on pressure.

Nov. 14th. At 7 A. M. took 40 drops of the 1st dec. dil., as I had noted more decided symptoms from it than from the mother tincture. Languid and dull all day, both in body and mind. Felt precisely as if I were recovering from a long and severe sickness. The appetite is deficient, and there is a disagreeable feeling of weight at the stomach.

Nov. 15th. Aching pains in the knees, and driving pains in the thighs, and feel still more languid than on the preceding day. Slept all night till 5 A. M., when I was awake by frightful dreams, which had haunted me all night. The chest feels weak and sore, without cough, though no pain is felt on drawing a long breath,

Miscellany.

VALEDICTORY ADDRESS

To the Graduating Class of the Homœopathic Medical College of Missouri, by E. C. FRANKLIN, M. D., Professor of Surgery.

GENTLEMEN:—The occasion upon which I have the pleasure of addressing you may seem to be one of simple occurrence, possessing no great amount of either novelty or importance; and yet the act I now perform, of delivering a valedictory, terminating the *fourth* course of regular lectures in this College, may prove of great value in the new relations you have this day assumed, as co-laborers in the great work of medical progress.

Upon me devolves the honorable duty of welcoming you, in behalf of the Trustees and Faculty of the Homœopathic College of Missouri, into the ranks of that time-honored profession, wherein you have put off the garb of the student, and put on the more dignified and responsible attire of Doctors in Medicine. The relations existing between us hitherto as teacher and pupils have ceased, and you now stand before the world accredited with all the rights and privileges of medical men, co-equal with all, inferior to none; clothed with

authority from the State of Missouri to act your part in the great drama of life, as ministers to suffering humanity. The position is one that calls forth renewed energy and unceasing application in the practice of that profession which has performed such an important part in the regeneration of the world. The life of the medical man is one continuous battle to counteract the life-invading influences that men raise against each other.

Amid the conflict of civil war that has swept o'er our fair land like the poisonous blasts of the sirocco, distracting the home circle, severing social ties, and impoverishing the accumulated wealth of thousands, we have seen the medical man toiling and laboring, amid privation, disease and death, that he might garner new aids wherewith to enrich the store-house of medical knowledge.

Whether upon the gory battle-field, or in the peaceful pursuits of life, the aim of medical science has ever been to regain for man his lost primeval inheritance, "before the fall brought ruin on our race," when God said, showing him animate and inanimate nature, "have dominion." To sustain and advance this science, medical schools have been instituted, and the curriculum of study, from time to time, has been largely increased. If I desired to furnish an example of the progressing genius of medicine, and the efficiency and attainment that has marked its energetic pursuit of truth amid all the trials that clog the wheels of progress, I would point to the present state of the science, and compare it with that of a century ago, before the genius of Hahnemann gave birth to the eternal law—" *Similia similibus curantur*." The multiplication of homœopathic colleges within the past quarter of a century, is the amplest evidence of the growth and extension of this great improvement in medicine. The increasing popularity attending the dissemination of its principles in the refined and cultivated classes of society, the success of its practice, even amid the bitter and relentless persecution heaped upon it by the advocates of that "slow coach" sect that have always opposed progress in medicine, proves conclusively

"That truth is precious, if not all divine,
And what dilates the powers, must needs refine."

In every course of human action there must be a movement to the development of good or evil, and when elements of error lurk in any system, a mere careless, thoughtless manner, in carrying that system forward, favors the bias in a wrong direction by merely neglecting the impulse towards the right. Giving all honor due to the general character of our noble profession, to the unwearied philan-

thropy, the energetic pursuit of truth in all its branches, and to the patient, progressive struggle in the path of duty, unallured by brilliant prizes, it must be conceded by all, that much attainable improvement yet remains, before we may hope to witness its utmost limit of perfection. Influenced by such motives, encouraged and sustained in our laborious career in elaborating and perfecting this comparatively new system of medicine, there is presented a theme of the deepest interest, not only to the co-laborers in this field of medical progress, but to all who become objects of its professional care. That *you* may become competent to act well your part in elevating and perfecting this improvement in medical science, it is proper that you receive a thorough course of medical education. Not that species of instruction that merely stores the memory with barely sufficient information for the day of trial, but that clear and comprehensive knowledge, that promises the highest qualification for a future responsible and brilliant career of duty. This depends not only upon the *principles* which form the basis of a thorough course of medical instruction, but the *spirit* in which that instruction is received, by those who seek to pass the portals of the profession. Keeping well their faith towards you, and appreciating the zeal and enthusiasm you have manifested in availing yourselves of the advantages of this institution, the Trustees and Faculty of the Homœopathic College of Missouri have added increased facilities for the acquirement of a systematic and scientific medical education. In addition to the advantages already secured, of a regular medical course by a corps of earnest and competent teachers, actively engaged in imparting the principles of their respective chairs, and the *clinical teachings* that have been presented in the wards of the Good Samaritan, Post and Freedman's hospitals, and the daily clinics held at the college dispensary, they have inaugurated a summer course of lectures for the purpose of clinical and didactic teaching. This summer term will commence on the first of May and continue to the 4th day of October, when the regular course begins. The objects which originated this additional course of instruction, and which will continue for the benefit of all who seek to increase their fund of medical knowledge, are found in the development of the great resources afforded through the hospitals and public charities of this city, and the complete application of these resources to the various branches of medical instruction. The plan is, to combine to the fullest extent the clinical and didactic methods of teaching, not devoting especial attention to the one at the expense of the other, but aiming to give the utmost practicable

extension to both. This has been effected by engrafting the teachings of this medical college upon the privileges afforded by the hospitals already in existence, and through which are afforded more abundant facilities than any other homœopathic college in the country, where this system is not adopted. The Professors in all the practical branches taught in this University, are visiting physicians, surgeons and obstetricians in the hospitals alluded to, and the practice of medicine and surgery, will be amply illustrated by cases in the Hospital, immediately following their consideration in the lecture room. In addition to the opportunities already presented, the Professor of Surgery will familiarize students in the use of cutting instruments, and cause *them* to perform all important operations on the cadaver under his immediate supervision, thus giving them confidence and dexterity in the use of surgical means for the relief of the living. To the graduating class, the Professor of Obstetrics will furnish cases of midwifery, and *practically* indoctrinate them in the mechanism of parturition.

During the past session, clinical instruction has been given three times a week in the Dispensary connected with the College building, and increased opportunities for instructive observations have been afforded you during the occasional hours not otherwise devoted to study. Superadded to all these advantages, you have enjoyed unusual facilities for the study of practical anatomy, and *material in abundance* has been furnished by the Demonstrator to enable you to perfect yourselves in anatomical knowledge and the lesions of pathology.

Here let me observe that with all these advantages—to make your object *real*—your aim and purpose that of attaining the highest possible degree of perfection in your chosen profession, it is incumbent upon you to continue laboring earnestly and incessantly, gathering facts wherever presented, to increase the store of knowledge you have already acquired; co-workers in perfecting the immutable principle inculcated through the guidance of the immortal founder of our system of medical faith, let me invoke you, when leaving these halls of learning to battle alone in the great strife for professional excellence, never to lose sight of the cardinal principles taught in your *alma mater*, but apply yourselves diligently and faithfully to the triumphant working out of this progressive system of medical treatment. The perfection of medical acquirement to be realized from the opportunities you have enjoyed—the adoption of a high standard of medical ethics, and the practice of increased refinement in manners, both professional and social, in your contact with the world at large, tends to exalt the

true dignity of the profession, extend its usefulness in society, and sustain its position in the social scale.

It has been frequently remarked, especially by the uninformed, that medicine, as a science, has not progressed in a ratio corresponding with the collateral sciences. That the assertion is not well-founded, we have only to examine the great eras in civilization, when we will discover that, as a science, medicine has progressed *pari passu* with the advancement of the physical sciences generally. While society has been steadily progressing with the aid of various improvements, and civilization has been pushing continually onwards, medicine has contributed her full share in this advancement.

The researches of Mendini, Silvius, Beranger and Versalius in the then hidden mysteries of anatomy, and the unfolding of the arcana of man's physical nature, were coeval with the great discoveries that reflected such renown upon the expedition of Columbus and successive navigators. Servetus broke the shackles that trammelled the car of *medical* progress, when he demonstrated the errors and absurdities of the physiology of Galen, at the same time when Copernicus discovered the errors of the Ptolemaic astronomy. Harvey, who demonstrated the circulation of the blood, and expounded the course of the vital fluid through the body, was a cotemporary with Galileo, who discovered the movements of the earth and planets around the sun. Haller, who wrought out his ingenious theory of the laws and special forces of life, lived only a short period after Newton, who discovered the law of gravitation, and the principle that regulates the movements of the heavenly bodies. Hahnemann, who elaborated his theory of the dynamization of remedies and their correspondencies in disease and in health, subverting the errors and crudities of poly-pharmacy, and investing the *Materia Medica* with the pure light of science, lived about the same period when Fulton applied the power of steam to ocean vessels, and joined the two Continents together. Morten, the discoverer of anæsthesia, which has deprived Surgery of its horror—the mind, under the most painful infliction of the knife, being as blissful as if wandering in elysian fields—was a cotemporary with Morse, who invented the electric telegraph.

Thus, in all ages, has the science of medicine kept pace with the rapid strides of the collateral sciences. The progress in medicine is not only in the structural knowledge of the system—the laws that govern life—but the development of additional resources in the treatment of disease, supplanting the heroic by the milder power that

subdues. The scourges that formerly terrified nations, leaving in their track despair, desolation and death, have been shorn of their terrors by the timely aid of medical science. The ravages and destruction of the loathsome small-pox, which in England alone carried off over 160,000 human beings in its deadly embrace, have succumbed to the brilliant discovery of Jenner's *similia*, vaccination. That terrible scourge of man *Cholera*, which has almost decimated the human family, originating from the marshes and jungles in India, marching through valley and over hill-top; now devastating cities with its poisonous breath, and anon desolating the fertile plains of the husbandman—now climbing o'er mountain range—then spanning the great oceans of commerce, strewing its pathway with the dead and dying, has been stripped of its venom by the potent spell of *similia*. Before Homœopathy pushed its investigations into the arcana of this dreaded disease and established the remedies for its cure, nothing seemed competent to stay its work of death, and the malady, in its mad career, marched steadily onward, irresistible as doom. While society was almost overturned by this implacable disease, and men, pale with fear, fled hither and thither, they knew not where, to escape its ravages, a medical philosopher thus wrote: "The disease will march on, through Persia, Russia, Germany, England; cross the Atlantic, until it has girdled the earth; and the remedy for Asiatic Cholera is camphor," a remedy which the whole medical world has united in affirming to be the most powerful agent in subduing this terrible disease. The name of this great benefactor of the human race is SAMUEL HAHNEMANN, to whom should be given the esteem of mankind and the homage of every true lover of his profession.

By the blessings vouchsafed to man through the light of Homœopathy, human life has been greatly lengthened during the past half century. The reports of the Parisian hospitals show that in the beginning of the 18th century one death occurred out of every seven admitted, while the mortality of the present time gives only *one* in *twelve*, thus showing a gain in sixty years of 71 per cent. In England, according to Macauley, the term of human life has been greatly lengthened in the whole kingdom. In France, also, according to Dapin, the duration of life has been greatly increased, so that nine and one-half years have been added to human existence in the last half century. In the practice of Surgery, too, statistics show that the saving of life exceeds by more than 35 per cent. the results of the last century. The returns of the Registrar-General of England show a steady and notable decrease in the ratio of mortality, from

1838 to the present time. The *decrease* being in direct ratio to the *increase* of Homœopathic physicians and the spreading of the practice. Whenever these two ruling systems of medicine have been tested, either in civil or hospital life, the result has invariably been in favor of the Homœopathic practice. In the more malignant diseases, such as *Cholera*, *Yellow Fever*, *Small-pox*, *Diphtheria*, the more violent forms of *phlegmasiæ*, or the low consuming *Typhus*, Homœopathy, when fairly tested, has gained new laurels and established itself among thinking, reflecting men, as the gentlest, safest and most reliable system of medical treatment. In the comparative* statistics in Homœopathic and Allopathic hospitals in this city, the same successful and gratifying results have been witnessed as mentioned by Macauley, the Returns of the Registrar-General of England and the statistics of Dapin. In civil life, too, the comparative results are equally important and satisfactory, proving that the *decrease* in mortality, as attested by the authorities just quoted, is fairly to be attributed to the gradual and *increasing* extension of the Homœopathic system of medicine.

As still further proof of the conclusions I have drawn, the statistics of life insurance have demonstrated that longevity has been increased to such an extent among its policy-holders, that a special clause has been opened for the insurance of the patrons of Homœopathy, at a sum *ten per cent. less than the ordinary Allopathic rates*.

Thus I could adduce, without limit, proofs as strong as Holy Writ, showing the great superiority of this progressive system of medicine over its rival that boasts of "the learning and investigation of all time." But "facts speak louder than words," and the intelligence and discrimination of the people in adopting this improvement in medicine, in spite of the denunciations and fulsome ridicule of its opponents, are the surest evidences, not only of its success, but the high esteem in which it is held as a progressive system in medical science.

Go on, therefore, Gentlemen, as you have begun, in your responsible and arduous career as *progressives* in the noble art of healing; labor diligently and faithfully; bring to the edifice of this medical reform, which is being reared by the disciples of Hahnemann, to shelter the suffering of every land, *your* accumulated observation and facts, that man's lost inheritance may be regained and that you may receive the reward of good and faithful servants.

* Statistics in Homœopathic and Allopathic Hospitals, by E. C. Franklin, Surgeon Cavalry Depot Hospital.

For the American Homœopathic Observer.

SKETCH OF THE LIFE OF HAHNEMANN.

BY JOSEPH HOOPER, M. D.*

[We are much pleased to be able to present our readers, with the month in which occurs the birthday of Hahnemann, an admirable sketch of his life, by our valued correspondent, Dr. JOSEPH HOOPER.]

It has often been stated by close observers of the working of Divine Providence that "the darkest moment is just before morning," and also that "the Creator ever wisely and well provides agents perfectly adapted to carry out His beneficent designs in the crisis of human affairs." History, both sacred and profane, gives unwavering and very numerous evidences of the justice and verity of these propositions. In matters theological and matters political this is equally the case. When there could scarcely be greater gloom or greater danger, the wise arbiter of human destinies has educated, nerved, inspired and protected some master-spirit, who has caused light to shine out of darkness, and peace and order to take the place of chaos and destruction. Never were these propositions more fully illustrated than in matters medical, towards the close of the eighteenth century. All the arts and sciences had received the impetus of new discoveries. The inductive method of investigation has brought out clearly to view first principles, on which it was easy for succeeding generations to build solid, stable and beautiful temples of truth. Astronomy, chemistry, botany, every branch in natural philosophy, instead of continuing mere matters of speculative theory, as they were before, became sciences. The sons of *Æsculapius*, alone, were enshrouded in an Egyptian darkness, that might be felt, and wandering about, without guide or compass, rushing wildly to and fro, with instruments of deadly power in their hands; whom they wished to heal, they slew, and tortured whom they fondly hoped might find timely relief from sufferings and woes through their ministrations. The hearts of the benevolent were deeply pained and the conscientious wavered in their work, when they gathered statistics of the results of their labors. How piteous are their cries for some guiding star to direct their steps; for some law for their government; that they might, indeed, intelligently grapple with "the thousand ills that flesh is heir to," and whilst a cry from the practitioners of medicine ascended heavenwards, the longing for better days seemed seconded by a phalanx of ghostly beings, who had untimely passed away by means of fearful treatment, and by the living miseries of multitudes of shapeless deformed ones who ever stood unpleasant and incontrovertible witnesses of the crudities and barbarities of the healing art. Vain were all the enquiries directed to the sages of antiquity, with the purpose of obtaining certain and rational directions how to combat disease. The attempt to follow authorities, ancient or modern, led the disciple of the medical art into a perfect labyrinth of perplexities and contradictory theories. With increasing civilization, new,

* SPECIAL NOTICE TO PHYSICIANS.—The third of a series of popular tractates for sale at this office. Price 10 cts. single, \$6 per 100, or \$25 for 500, with your own card on title-page.

uncontrollable and fatal epidemics appeared, reaping a rich harvest for the grim monster, Death, and adding yearly to the per-centage of the ever-increasing bills of mortality. Many an honest practitioner threw away lancet and saddle-bags in despair, while quacks and medical charlatans, profiting by the wranglings of the regulars and the weariness of the people, drove a reckless, but well-paying trade, with nostrums of every character, from the deadliest poison to the simplest household herb. Well might one of the most cultivated physicians, in reviewing the history of medical *science* (improperly so-called) exclaim: "Things must soon mend or end"

But a brighter day was about to dawn. There was soon to be a break in the dark clouds that hung upon the medical horizon. The surging billows of fancy, the chaotic heavings of empirical imaginings and surmisings were to hear a voice. The waters were to be gathered together, and the dry land was to appear—a little spot, indeed, but broad enough and firm enough to prove a foundation for medical *science* (properly so-called) in all after ages.

In the picturesque town of Meissen, in the district of Cur Saxony, near Dresden, lives an honest worthy personage, Christian Gottfried Hahnemann, an intelligent, patriotic and highly-esteemed, though unassuming and unambitious member of that community, by trade a painter upon porcelain. On the tenth day of April, 1755 he was made happy by the birth of a son whom he named SAMUEL CHRISTIAN FREDERICK. Amidst all the fond hopes the parents cherished for their new-born babe, little did they imagine to what a destiny the great Creator had appointed him. Of the mother of this child not very much is known, save that she was modest, industrious, intensely attached to her family, full of sympathy with her children's aspirations, and ever ready to aid them in their schemes of pleasure or advancement. The infantile years of little Samuel were spent amidst scenery so strikingly beautiful as to impress his young, buoyant heart, even in those tender years, with an admiration of Nature's handiwork, and to instil into him a love of the works of God, which ever increased as he grew older. He was not sent to school very young—not until he was eight years old. This will perhaps partly account for the fact that when he did go he manifested an ardent thirst for knowledge, which was never slaked during his long lifetime. But he did not spend his first eight years entirely in play. These health-securing, physical-exhilarating and developing exercises were occasionally relieved by lessons from his father, and sometimes his mother, in reading and writing, and by frequent conversations of a religious and moral character. These conversations laid deep the foundations of that undeviating integrity, fixedness of purpose, unwavering conscientiousness and unaffected reverence for the Divine Being, which ever characterized this medical reformer, in after life. The disciples and followers of Hahnemann are often charged by their enemies as a class of men visionary, rationalistic, and often infidel in their tendencies. This we know to be a scandal, so far as a large number of the profession and the laity are concerned; and certain it is, if

any of the new school hold such sentiments, they have not learnt them from the writings or teachings of Dr Samuel Hahnemann, all of which breathe the same spirit, exhibiting an humble piety and a cool judgment, the result of keen perception and a calm and patient investigation.

The influence of the paternal conversational instruction and moral training made him what he was, as a school-boy, as a college student, as an author, a chemist, and a physician. Uniting industry, conscientiousness, and a reliance upon the Divine blessing, will in any sphere of life secure success, and Samuel Hahnemann was no exception to the general rule. In writing on this subject, he says: "My father had the soundest ideas on what was to be reckoned good and worthy in man, and had arrived at them by his own independent thought. He sought to plant them in me, and impressed on me, more by actions than by words, the great lesson of life, 'to act and to be, not merely to seem.' When a good work was going forward, there, often unobserved, he was sure to be helping, hand and heart. Shall I not do likewise? In the finest distinctions between the noble and the base, he decided by his actions with a justness that did honor to the nicety of his sense of right and wrong. In this, too, he was my monitor. There was never the smallest contradiction between his conduct and the lofty sentiments he entertained of the origin, destiny and dignity of man. From this I derived an internal guide."

Such sterling qualities rooted in the boy's heart and early budding out in his life, made him beloved by all who came in contact with him. Playmates, schoolfellows and instructors, not only treated him with kindness, but with ardent affection. His own diary informs us that in 1763 he commenced attending the stadt (or common) schule in his native place; and from the age of sixteen to twenty he studied at the Furstenschule of Meissen, similar in grade to the High Schools of this country. He wrote concerning this period of his history: "There was nothing unusual about my progress unless it was that my much-respected Rector, Magister Muller, who is still alive, loved me as if I had been his own son, and accorded me an amount of liberty in my studies, for which I am thankful; and that in acquiring German and the dead languages I was always amongst the most diligent and conscientious. In my twelfth year he selected me to instruct other pupils in the rudiments of Greek; and at his own house, among his private boarders, he used to make me translate passages out of old authors, and frequently took my translation in preference to his own. He permitted me, and I was the only one so favored, on account of the delicacy of my health, which had suffered from over study, to omit some of the regular tasks of the school and to pass the hours they would have occupied in general reading. He permitted me to have access to him at all hours of the day; and strange to say, notwithstanding the manifest preference my master showed me, yet I was a favorite with my fellow-pupils." This school-boy life did not pass away, however, without trials, the greatest of which was the disinclination of his father for him to continue his studies. It is a little strange the good man, who himself possessed a keen power of

observation, did not once suspect the future greatness of his child ; but he was very poor, had several other children to support ; and doubtless feared that a thorough classical and scientific education would give to his son aspirations that would be doomed to bitter disappointment. His teacher, and especially his mother, who with maternal intuition, seems better aware what was in the ardent young student than his father, pleaded on his behalf, and the former offering to remit the usual school fees, he was permitted, with a few intermissions, to continue his studies at the high school until he was twenty years of age. A proof of the poverty of his parents at this time is illustrated by the circumstance that his father complained of the great consumption of oil during young Hahnemann's preparation of his lessons, and would not permit him to use the family lamp after the other members of the household had retired ; but Samuel, who was never daunted by difficulty, or frustrated in a purpose, when he had concluded that it was legitimate, manufactured a lamp out of a lump of clay, and successfully coaxed his mother to supply him with oil.

At the close of his high school term young Hahnemann wrote, as was usual with those just finishing their course, a treatise. He had for some time manifested a deep interest in natural science, and particularly in the branches of chemistry and physiology. On this occasion he wrote his thesis in Latin, choosing as his subject, "The Structure of the Human Hand." This, for his age, was a work of great merit, and even his father seems to have become proud of his abilities, and gave his free consent for the studious boy to go to Leipsic that he might attend the lectures given at the University, and presented him with all the money he could possibly spare, amounting to about fifteen dollars in our currency. "This," says Hahnemann, "was the last money I ever received from my father." He set out on the Easter of 1775. He was somewhat puzzled at first by that troublesome subject, "the ways and means," but fortunately coming in contact with a rich young man from Greece who was anxious to be instructed in the living languages, Hahnemann entered into a lucrative engagement with him as instructor, and also obtained employment as a translator of medical and philosophical works. Amongst the proofs of his diligence at this time are the following translations from the English into German: Steadman's Physiological Essays, Nugent's Essays on Hydrophobia, Ball's Modern Practice of Physic, &c., &c. The remuneration he received for private teaching and translating not only enabled him to supply all his moderate wants and purchase books, but he saved a considerable amount besides. In order to earn so much and at the same time attend faithfully upon all his classes he denied himself sleep every other night. There being no public infirmary or hospital practice available in Leipsic, Hahnemann, after deriving as much benefit as possible from the classes in the university there, proceeded to Vienna and placed himself under the guidance of the celebrated Doctor Von Quarin, who, perceiving the noble qualities and promising abilities of the young freshman, adopted him as a special protégé, and ever after received in return

the loving gratitude of Hahnemann's warm, large heart. In writing about this relationship between the professor and his pupil, Hahnemann says: "To him I owe my claims to be reckoned a physician. I had his love and his friendship; he singled me out to take with him to see his private patients. He loved and instructed me as if I had been his only pupil." He was very happy during the time he remained in Vienna, about nine months, and would doubtless have continued for some time longer had he not been swindled out of the little hoard he had obtained in Leipsic, and which he had devoted to his maintenance while pursuing his studies in this place. Being now wholly without means, he was compelled to make his circumstances known to his good friend Dr. Quarin, who obtained for him the situation of medical attendant and librarian to Baron Bruckenthal, of Hermanstadt. This position gave him considerable leisure, which, of course, he would not allow to pass unimproved, but spent it in perfecting himself in the languages of which he had already some knowledge, and in acquiring some others which he had not before studied. He made, and arranged also, during his two-years stay with the Baron, a valuable collection of ancient coins. At the termination of his engagement at Hermanstadt he went to the university of Erlangen, where he graduated, receiving the degree of Doctor of Medicine on the 10th August, 1779. At this time an earnest longing for the air of Saxony and the scenery of his native district seems to have taken possession of Hahnemann. He therefore made up his mind to settle in the little town of Helstadt, situated in the neighbourhood of the mountains of Mansfield. The place was too small long to satisfy the ardent and industrious young physician. He remained, therefore, only nine months in that locality and then removed to Dessau in 1781. This situation he much preferred. He obtained some practice here, filling up his spare time with the study of his favorite science chemistry, in which he became so great an adept that Berzelius, the celebrated Swiss chemist, said of him: "This man would have been a great chemist if he had not turned a great quack." The compliment to Hahnemann's chemical skill was but simple justice. Quackery, in every form, was the object, of all others, of his utmost abhorrance, and against which he ever directed the whole force of his energies to his dying day. At the close of the year the offer of a government appointment to the office of District Physician in Gommern seemed too tempting for him to resist, although (as it afterwards proved) the position was by no means adapted to one so fond of real labour, and philanthropic enterprise. There had never been a physician settled in the place before, and the inhabitants thought they could continue to do without one very well. The situation of course proved a sinecure, and Hahnemann, to fill up a void he felt at the time, fell in love with a lady he had sometime before met in Dessau named Henrietta Bucklerin, whom he shortly afterwards married. Some of Hahnemann's biographers do considerable injustice to this lady, even comparing her to the fretful, impatient, shrewish wife of Socrates. The first Mrs. Hahnemann was a very methodical woman, a strict disciplinarian, and ruled supreme in domestic matters, but was by no

means lacking in affection, and proved an exemplary wife and mother. About this time Hahnemann wrote his first medical work, containing an account of his experience as a practitioner in Transylvania. This book gives very clear proof of the honesty of the writer, who takes a very sombre view of medical practice in general, and in reference to his own success, observes that "most of his patients would have done better had he left them."

Three years residence in Gommern sufficed to make him tired of the obscurity and professional idleness which the circumstances of the place imposed upon him, and attracted by his literary tastes to the capital of literature, we find him removing to Dresden. For about a year he occupied himself as superintendent physician to the public hospitals of that city, to which he had been introduced by Dr. Wagner, whose ill health made it desirable that he should resign the post. Hahnemann's conscience, however, began to be much troubled from the conviction that *medicine as then practiced proved worse than useless to the majority of patients, and instead of aiding in the restoration of health the remedies employed quite empirically (being so little understood,) retarded progress towards convalescence, and often left behind most pernicious and unmanageable influences.* The *humanity and integrity* of Hahnemann is plainly portrayed in his own account of the reasons which induced him at this time to retire from practice. He writes: "It was painful for me to grope in the dark, guided only by our books, in the treatment of the sick—to prescribe according to this or that *fanciful* view of the nature of diseases, substances that owe to mere opinion their place in the *Materia Medica*, I had conscientious scruples about treating unknown morbid states in my suffering fellow creatures with these unknown medicines, which, being powerful substances, may, if they were not *exactly* suitable, (and how could any physician know whether they were suitable or not, seeing that their peculiar special actions were not yet elucidated?) easily change life into death, or produce new affections or chronic ailments, which are often much more difficult to remove than the original disease. To become in this way a murderer or aggravator of the sufferings of my brethren of mankind, was to me a fearful thought. So fearful and distressing was it, that shortly after my marriage I abandoned practice and scarcely treated anyone for fear of doing him harm, and, as you know, occupied myself chiefly with chemistry and literary labours." Amongst the numerous writings and translations that proceeded from his pen during this interval may be mentioned one on "Tests for Ascertaining the Purity of Wine," and his invaluable contribution to the science of Toxicology, consisting of a monogram on Arsenic, often quoted by some of the best writers, even to the present day, as the most graphic, exhaustive and accurate description of this poison extant.

In 1789 he settled in Leipsic, and that year published his treatise on Syphilis, in which he introduced to the notice of the profession the preparation known still in Germany as *Mercurius Solubilis Hahnemannii*. For the benefit of the medical fraternity he described its proper mode of manufacture, administration, &c.

We come now to the year 1790, in which the birth-thought of homœopathy proceeded from the brain of the great father and founder of the new school of medicine. It has already been hinted that Hahnemann had felt an intense desire to obtain some clear, safe and philosophical guide to the therapeutical action of drugs. He was now called upon to translate Cullen's *Materia Medica*, and as he progressed in the description of one medical substance after another, he could not but feel a renewal of the earnest longing he had often cherished to raise medical science from the bogs of mist and uncertainty in which she had continued from the time of Hippocrates until his day. The thought suggested itself, perhaps after all it is an impossibility that the practice of medicine should be anything better than empirical. The idea, however, was at once rejected as irreligious, if not profane. The workings of his mind and the character of the man at this time will be best understood by a quotation from a letter he wrote to his friend Hufeland. Having briefly reviewed his sad experience of the system of Sydenham and Hoffmann, of Boerhave and Gaubius, of Stahl, Cullen and Dr. Haen, he continues: "But perhaps it is the very nature of this art, as great men have asserted, that it is incapable of attaining any greater certainty. Shameful, blasphemous thought! What! shall it be said that the infinite wisdom of the Eternal Spirit, that animates the universe, could not produce remedies to allay the sufferings of the diseases *He* allows to arise? The all-loving paternal goodness of Him whom no name worthily designates, who richly supplies all wants, even the scarcely conceivable ones of the insect in the dust, imperceptible by reason of its minuteness to the keenest human eye, and who dispenses throughout creation life and happiness in rich abundance,—shall it be said that He was capable of the tyranny of not permitting that man, made in His own image, should by the efforts of his penetrating mind, that has been breathed into him from above, find out the way to discover remedies in the stupendous kingdom of created things, which should be able to deliver his brethren of mankind from their sufferings worse than death itself? Shall He, the Father of all, behold with indifference the martyrdom of his best beloved creatures by disease, and yet have rendered it impossible to the genius of man, to whom all else is possible, to find any method, any *easy, sure, trustworthy* method, whereby they may see diseases in the proper point of view, and whereby they may interrogate medicines as to their special uses, as to what they are *really, surely* and *positively* servicable for? Well, thought I, as there *must be* a sure and trustworthy method of treatment, as certainly as *God is the wisest and most beneficent of beings*. I shall seek it no longer in the thorny thicket of ontological explanations * * * nor in the authoritative declarations of celebrated men. No; let me seek it where it lies nearest at hand, and where it has hitherto been passed over by all, because it did not seem sufficiently recondite, nor sufficiently learned, and was not hung with laurels for those who displayed most talent for constructing systems, for scholastic speculation, and transcendental abstractions."

With these high and holy feelings of the infinite goodness and beneficence of the Creator in his heart, his mind was fully awake to any suggestion that might be derived from the material before him. He observed that the pathogenetic effects attributed to Cinchona bark were almost identical with the symptoms of tertian and quotidian fevers, he had recently cured by means of the same medicine. Memory also brought up several other cases, in which poisons, having certain toxicological effects upon persons who were in health before taking them, had been successfully used in practice to cure diseases, the symptoms of which were very *similar* to the symptoms of such poisonings. Here was a grand thought. What! if a medicine producing an artificial disease upon a healthy organism would always cure a similar disease in an unhealthy one? There would then be *an end to all uncertainty, empiricism and quackery*. Medical practice would be completely revolutionised. Hahnemann at once proceeded to take himself, and administered to his family, Cinchona bark, until one and all were very similarly affected with intermittent fever. Now came experimental provings with other drugs. Friends, medical and lay, were put in requisition, and every possible means taken to secure the greatest accuracy; for Hahnemann already began to feel that he was God's agent of mercy through whose happy discovery and labors future generations would be greatly blessed. He found little opportunity to test his newly-discovered law in practice while he remained in Leipsic, and poverty compelled him to labor with the pen most indefatigably, as is evidenced by the large number of essays and translations he published at this time. Providence, however, interfered on his behalf, the reigning Duke of Saxe Gotha offered him a position which would at once give him useful occupation, a competent income and considerable leisure to prosecute his enquiries, viz: that of Physician to the Asylum for the Insane in Georgenthal in the Thuringian forest. Most thankfully did he accept this position. He entered on his duties some time in 1792. While at the head of this establishment he succeeded in effecting a cure that created some sensation because of the party concerned,—the Hanoverian minister Klockenbring, who was rendered insane by a lampoon written by Kotzebue. From the account published of this case, we learn that Hahnemann treated the unfortunate inmates with great kindness. He says: "I never allow any insane person to be punished by blows or other painful corporeal inflictions, since there can be no punishment where there is no sense of responsibility, and since such patients cannot be improved, but must be rendered worse, by such rough treatment." It is not quite certain whether Hahnemann or Pinel deserve the honor of being the first to treat the insane by mildness instead of coercion.

The same year that Hahnemann so well succeeded by his gentle and moral measures in alleviating the sufferings of the inmates of Georgenthal Asylum, Pinel made his first experiment of unchaining the maniacs in the Bicetre. He did not remain long in Georgenthal, but made several removals between 1792 and 1795. To Walchleben, where he wrote the first part of the "Friend of Health," and first part

of his "Pharmaceutical Lexicon;" to Pyrmont in Westphalia; thence he migrated to Wolfenbüttele, and to Königsutter, where he remained four years. During this period he prepared and published the second part of his Friend of Health and Pharmaceutical Lexicon, and an Essay which appeared in Hufeland's Journal, entitled "A new principle for ascertaining the remedial powers of medicinal substances." This was followed in rapid succession by several other essays illustrating the beauty, certainty and unspeakable value of the newly discovered law, "*Similia similibus curantur.*" These works, though dictated in *calm, moderate* and *dispassionate* language, worthy of a philosophic writer, raised a perfect storm of opposition. The craft was in danger, and the rapidly increasing fame and unparalleled success of the new prophet in medicine filled the hearts of the physicians of Königsutter with jealousy, and as Hahnemann had ceased to write prescriptions for his patients, but dispensed his own simple medicines, they induced the apothecaries to enter an action against him for interfering with their privileges. This persecution proved but too successful and an order of prohibition was made by the authorities which resulted in his withdrawal from the town in 1799. During the last year of his stay a violent epidemic of scarlet fever occurred in that community. He had proved the action of Belladonna on persons in health, and therefore administered it in this disease. He not only found it a certain cure, but a truly prophylactic remedy, saving hundreds around him from the scourge that threatened them. Some attach blame to Hahnemann for not freely publishing, at once, the name of this valuable preventive, on its discovery, for the benefit of a suffering humanity. He knew too well what kind of reception any such kindness on his part would meet with, and when he did give his discovery to the world many physicians received the information and used it without the slightest acknowledgment of its origin, while many others sneered and ridiculed.

On his compulsory quittal of the town, a scene occurred quite unusual in the life of a physician. Many of the inhabitants who had been restored to health through his instrumentality, especially during the time of the great epidemic, accompanied the wagon in which were placed his wife and children with all his earthly possessions, some distance on the road to Hamburg. They then took a sad farewell, tearfully expressing their sorrow for the cruelties that had been heaped upon him, and thanking God for the benefit he had been permitted to confer upon them. A sad accident took place on this journey. The wagon in descending a precipitous part of the road was overturned, the little property damaged, the doctor himself considerably bruised, but worst of all, an infant son was so severely injured that he died very shortly afterwards. Detained some six weeks in a little village near where the upset occurred, on account of the health of his daughter, he at length reached Hamburg. He could do but little in that city, and therefore removed to an adjoining town, Altona. Soon after to Mollen. But he could not rest content out of Saxony, and settled, or rather tried to settle in Eulenberg, where persecution compelled him to make but a short sojourn. He next wandered to

Machern, and after a short time to Dessau. During all these journeyings and sufferings he worked nightly for the support of his family, by translating several English books and writing original articles, principally on medical reform, for Hufeland's Journal, which were much more bitter and denunciatory than his earlier productions.

A distressing incident is narrated by one of his biographers, showing the terrible straits in which he and his noble family were sometimes placed by poverty. One of his little children was too ill to eat her *portion of brown bread* and wished it to be safely put away in some secure place, that she might enjoy it as soon as she became better. Such a fact may be deemed a sufficient excuse for a little bitterness in controversy with his medical persecutors.

The last translation he was ever employed to make, was a collection of medical prescriptions, to which he wrote the most remarkable preface ever given to any work; a thorough antidote to the book itself. From this time all his literary productions were original, with the single exception of a translation of Albert Von Haller's *Materia Medica*, published in 1806.

Neither poverty nor persecution could deter Hahnemann from prosecuting his investigations into the *science* of medicine, now possessing a real title to the term, and having from the thorough provings of numerous drugs, on the one hand, and clinical observations on the other, well-armed himself for a mighty conflict, he published a small but masterly tractate, "*Æsculapius in the Balance.*" Then came forth a sketch of a "*Pure Materia Medica in Latin,*" and the most brilliant and original treatise on the art of medicine ever published, "*The Medicine of Experience.*" Hundreds of medical writers now took the field in opposition to the new ideas, but finding it impossible to refute the logical arguments, founded on the extensive experience gained by several years of patient and careful provings, they assailed the technicalities of Homœopathy, maligned the character and misrepresented the motives of their opponent, and so soured the temper of Hahnemann that he resolved henceforth no longer to appeal to the profession, as he had done, but to place his cause at the bar of public opinion. He ceased, therefore, to write in the medical journals of the day and commenced a series of popular papers on the imperfections and absurdities of the medical practice of the schools, and measures of reform, &c., in a literary and scientific journal entitled *Allgemeiner Anzeiger der Deutschen*. For some little time he had been residing in Torgau. By the non-professional members of the community his writings and labors were beginning to be widely appreciated, and hundreds professed themselves to be his disciples.

In 1810 he published his greatest work the *Organon*, which ran through five editions and was translated into English, French, Italian, Spanish, Hungarian, Polish, Russian, Danish and Swedish. Rendered now celebrated not only throughout Germany but the whole of Europe. Hahnemann resolved to try and build on the foundations he had laid so solidly, and removed once more to Leipsic. Crowds of adherents flocked around him, and for a season he was pretty well repaid for the trials through which he had passed. The physicians generally

stopped him in every possible way, and hosts of works appeared in reply to his *Organon*, some of them of a very scurrilous character.

Hahnemann paid very little attention to these attacks. He pursued his course, writing pithy and powerful articles occasionally in the *Allgemeiner Anzeiger*, and perfecting his *Materia Medica*, the first volume of which he published in 1811. He was very anxious of this time to institute a college and hospital in which to give instruction to young physicians who might wish to avail themselves of the opportunity, in the principles and practice of homœopathy, but failing on this scheme, he applied for permission to lecture bi-weekly in the University, and in accordance with the usual requirement, wrote, delivered and defended a thesis entitled "*De Helleborismo veterum*," which proved such extensive reading of Latin, Greek, and even Arabic authors, as to astonish his learned auditory.

During his residence in Leipsic, extending from 1810 to 1821, he published a second edition of his *Organon* and five more volumes of the *Materia Medica Pura*. Towards the close of the period just named the persecuting spirit of his enemies broke out with renewed vigor, and inciting the favored and privileged apothecaries to adopt similar measures to those which had driven him from so many other places. Once more unjustly threatened with severe penalties, his practice was brought to a stand still, for of course he *could not* trust his enemies, the apothecaries, to prepare and dispense his medicines, and he *would not* administer his remedies secretly, as some suggested. Under these circumstances he was offered an asylum by a warm, true friend of Hahnemann's and of the new science homœopathy, in the person of the reigning prince of Anhalt Cœthen, and to that very small capital, Cœthen, he accordingly went in 1821. This forced residence was felt to be a sad change from the large practice and retinue of pupils and admirers which Leipsic had furnished, and so depressed had Hahnemann become, that with the exception of an occasional visit to his patron, he never passed the threshold of his own door, not even to take his accustomed hour's walk after the labors of the day with his family. He worked, however, quite as diligently as before, in proving medicines, prescribing for multitudes of patients, many of whom, from all parts of Europe, corresponded with him by letter, and in revising and adding to his great works, and writing occasional articles for the journals. A pleasing little anecdote is told about him whilst at Cœthen that proves he retained a little facetiousness even in his banishment. "On one occasion he received a visitor who had heard a great deal of Hahnemann and his garden, and who had imagined the garden to be as great as its owner. When he was ushered into the presence of the "prophet of medicine" and found him seated at a table, in a summer house only a few yards from the house, he exclaimed: "But where is the garden?" To which Hahnemann replied, "This is the garden." "Surely," rejoined the visitor, "not this narrow patch of ground?" "True, it is very short and very narrow, but observe," said the sage, pointing upwards to the blue sky overhead, "it is of infinite height."

During his exile in Coethen he brought to completion his last great literary work on "Chronic diseases, their peculiar nature and homœopathic treatment," consisting of five volumes. This, like his other writings, displayed the great erudition of the author and his amazing industry. He had now reached the fiftieth anniversary of his obtaining the degree of M. D.. The following pleasant reminiscence is from the pen of one of his favored pupils, (Dr. F. Hartmann,) who was present at the gathering of friends assembled to do honor to the sage: "The 10th of August, 1829, was a joyful day for the venerable old man, being the anniversary of the one on which, fifty years before, he had obtained the doctorate. Gratifying and memorable in more than one respect was this day for him, and for the homœopathic system. With it he closed half a century, which had been devoted in the most candid, zealous and successful manner, to the service of humanity and science. What he had sown in the thorny past he now reaped in the fame-crowded present; what he had combatted for, heroically and unremittingly, now wreathed the sternly serene brow of the happy conqueror, and around *him* who had long been exiled, persecuted and insulted, was entwined the most gladsome recognition, heartfelt reverence, gratitude and love, of the wide circle who surrounded him, far and near, visible and invisible. Several of his pupils and friends assembled that day at Hahnemann's dwelling, having made all things ready for the celebration. On a table resembling an altar, adorned with flowers and entwined with oak leaves, was placed the well executed bust of Hahnemann. On a side table stood a beautiful oil portrait of him and several lithographic copies taken from it. After Hahnemann was introduced, his bust was crowned with laurels, amidst appropriate addresses and congratulations. One of his pupils handed him a splendidly written programme of the feast, and another presented him with a box, lined with red velvet, containing a gold and silver medal, on one side of which was a well executed portrait of Hahnemann, with his name, the date of his birth and promotion, and on the reverse the fundamental axiom of his doctrine, *similia similibus*. I omit, lest I should be tedious, the other beautiful, judicious and rich presents which on this day were sent from far and near to this honored sage, by men and women, in homage of homœopathy. With deep emotion, the venerable old man, with heartfelt and affecting words, giving thanks to the Supreme Being that he had been permitted to make so great and important discovery, and favored with a long life, full of bodily and mental vigor. With equal depth of emotion he also thanked those present who had so much honored him by their presence on this day, thereby made memorable in the history of his new system. And henceforth annually on this day, a meeting of physicians and friends of homœopathy takes place by appointment, which is known by the name of the Central Union."

The year after this interesting gathering the Asiatic cholera entered Europe from the east. This aroused physicians of every school. The homœopathists, in their journals, suggested several medicines, whose provings seemed to promise curative effects in

cholera; for example, Arsenicum and Veratrum; but Hahnemann, who had never an opportunity of seeing a real case of Asiatic Cholera, published the following direction, for the guidance of all his friends: "Every one, the instant any of his friends take ill of cholera, must immediately treat them with camphor, and not wait for medical aid, which even if good would be too late." Very numerous testimonies were published showing the immense success of Hahnemann's mode of treating this terrible scourge, and perhaps nothing in the life of this medical reformer so powerfully exhibited the superiority of the new system over the old as this prescription for a disease which he had never before seen. Shortly after this period the first Mrs. Hahnemann died, having been married forty-nine years and a few months. One of Hahnemann's daughters, however, supplying so far as she could, her mother's place, he pursued, as usual, his arduous engagements. Three or four years after the death of his first wife, a most interesting, intellectual and estimable lady applied to Hahnemann for advice for lung and heart disease. It is humorously stated that though the lung disease was effectually cured, the heart trouble must have assumed another and a chronic form, for the octogenarian felt that he could only spend his remaining days in happiness in company with the fascinating Parissienne, and the lady seemed equally enamored with the *great doctor*. She was 35 years of age, the daughter of Louis Jerome Gohier, formerly Minister of Justice and President du Directoire Executif, de la Republique Francaise. Her name was Marie Melanie d' Hervilly Gohier. This lady induced her husband to quit his retirement and pass the rest of his life in Paris. She readily obtained from M. Guizot the authority for him to practice in that city, and surrounding him with the very best society, the eight years he lived in the gay French capital were the happiest of his long eventful life. He writes to his old friend, Dr. Stapf: "I find myself better and gayer here than I have been for the last twenty years, owing to my wife surrounding me with distinguished friends of the circle to which she belongs. Many Germans who knew me formerly, find me many years younger, which I attribute to my loving nurse, my faithful spouse, who desires to be kindly remembered along with myself, to your esteemed family."

This regeneration was, however, but the precursor of the extinguishment of the spark of life. Until this time Hahnemann's health had been most excellent, with the exception once every spring for 15 years of a visit of bronchial catarrh. The mind and memory retained their vigor to the last, the eye was keen and piercing, the hearing quick and the form erect, but the throat affection attacking him with unwonted severity, the good old man felt that his end was near. He had accomplished the object for which he had lived. He had proved a blessing to his race, he had discovered an unspeakably important law of nature, the recognition of which would save tens of thousands from unnecessary suffering and untimely death. He had fought manfully against the mighty obstacles of prejudice, self-interest, malice, misrepresentation and ridicule, and had gloriously triumphed. The precious truths he had taught had been received into the very hearts

of admiring pupils who would never let them die out of mind. He had finished the work to which he was *ordained*, and there was nothing left for him now to do but to die. Hewas calm, resigned and happy in the prospect of departure, for he says, in writing to a friend "It is perhaps time that I quit this, but I leave all and always in the hands of my God." * * *

He also made, on another occasion, the following declaration: "My conscience is clear; it bears me witness that I have ever sought the welfare of suffering humanity, that I have always done and taught what seemed to me best, and that I have never had recourse to any allopathic procedures to comply with the wishes of my patients, and to prevent them leaving me. I love my fellow-creatures and the repose of my conscience too much to act in that manner. Those who follow my example will be able, as I am, on the verge of the grave, to wait with tranquillity and confidence till the time comes when they must lay down their head in the bosom of the earth, and render up their soul to a God whose omnipotence must strike terror into the heart of the wicked."

When the last struggle came, his sufferings were great. His wife said to him: "As you in your laborious life have alleviated the sufferings of so many, and have yourself endured so much, surely Providence owes you a remission of your sufferings." To which the dying man replied: "Me! and why me? Each man here below works according to the gifts and strength Providence has given him, and it is only before the fallible tribunal of man that degrees of merit are acknowledged; not so before that of God. God owes me nothing, but I owe Him much—yes, everything."

Thus died Dr. SAMUEL HAHNEMANN, on the 2d July, 1843, in the eighty-ninth year of his age. He was not, of course, without imperfections. In the latter years of his life he was somewhat bitter in the denunciation of his opponents, dogmatical in the extreme, somewhat suspicious and overbearing in his intercourse with his professed followers and adherents; but if the majority of his medical descendants possess but half his honesty and singleness of purpose, half his diligence, his self-sacrificing spirit, his patient plodding determination to discover truth, his accuracy of observation, it will not long ere a medical millennium will dawn upon our sin-stricken and afflicted race, and all men will venerate the memory of SAMUEL HAHNEMANN, the discoverer of Homœopathy, the Father and Founder of the Rational School of Medical Science.

NOTE.—The obligations of the writer are due, and hereby acknowledged, to the authors of the following works, from which facts and suggestions have been obtained: "Dudgeon's Lectures on Homœopathy," "History and Heroes of Medicine," by Russel, "Therapeutics of the Day," by Dr. W. Stens, "Homœopathy fairly represented, not misrepresented," by Prof. Henderson and Caspari's Domestic Medicine.

CLEVELAND, O., Feb. 17, 1866.

JOSEPH HOOPER, M. D.,—Dear Sir:—By the kindness of Dr. E. A. Lodge, the Faculty of the Cleveland Homœopathic College are in receipt of copies of two popular tractates entitled "Homœopathy, what are its claims on public confidence?" and "Popular Fallacies concerning Homœopathy refuted," of which you have the distinguished honor of being the author. The Faculty desire me to express to you the high appreciation they have of your labor in behalf of our common cause, of the very valuable services you have rendered the medical profession, and especially of the honor you have, in the production of the above works, bestowed upon your Alma Mater.

In behalf of the Faculty,

T. P. WILSON, Registrar.

THE CHOLERA IN THE WEST INDIES.

A Havana correspondent of the *New York Times*, writes, under date of Feb. 24th: "According to accounts received at Santiago de Cuba from the French West Indies, the cholera still continued at Guadaloupe, committing great ravages, the number of deaths up to Dec. 31, was as follows: Pointe-a-Pitre, 1200; Basse-Terre, 2000; In thirteen communes of Guadaloupe the number of deaths was 6500. In Grand-Terre, in twelve communes, including Marie Galante, 12,200.

The last accounts to the 17th, say that the cholera was markedly diminishing in Guadaloupe, but had made its appearance in Dominica.

The Committee of Commerce and Agriculture of Martinique had ordered that vessels arriving with cattle from Porto Rico should be subjected to quarantine on account of its being known that some cases of pleuro-pneumonia had appeared in that island among the cattle.—*Medical and Surgical Reporter*.

CONTAGIOUSNESS OF CHOLERA.

Dr. Jules Worms states that the number of resident patients in the Parisian hospitals who were attacked by cholera in 1849, was 33 per cent. of the number admitted suffering from cholera; in 1854 it was 44 per cent. In the *Charité*, 89 home cases occurred for every 100 received, in 1849; and in 1854, 64 for every 100. Briquet states that before October 9, 1854, no case of cholera had occurred at la Charité. On the 9th and 14th, two cholera patients were received, and from the 15th to the 19th, eight cases of cholera broke out in patients placed near to one or other of the cholera cases. In the wards of M. Recamier, a patient died of cholera. The next six patients who occupied his bed were seized with cholera, while in the hospital, and died with it.—*Medical and Surgical Reporter*.

PHYSICIANS WHO DO NOT TAKE THE JOURNALS are thus spoken of by the Dublin Medical Press: "The indifferent are those of our profession whose position we regard as most hopeless of amelioration—the men who read neither book nor journal; practice the dilapidated surgery of thirty years ago; lounge through their professional life, ambitionless and lethargic, and die as little known as they are respected; or those who live a life of servility to their own personal interests, locking up within themselves every syllable which could by possibility taint their popularity.

"Fortune's champions that dost never fight,
But when her humerous ladyship is by
To teach them safety'

"Can we not inspire these gentlemen with a little ardor in the pursuit of their profession, a desire to be something more respected than a mere medical drudge, who dare have no opinion or action of his own. We tell these gentlemen that the public are too astute not to distinguish between the man thirty years behind the age and the man of advanced thought and information, and that the money and

labor which they think they save by their literary parsimony, is ten-fold balanced by the injury which their professional inertia entails. Men may get smiles and fine words by servility to the opinions of others, but they will fall grievously short, even in the eyes of their patrons, of the respect which attaches to honest men."

Colleges, Societies, etc.

Hahnemann Medical College Commencement.

The commencement exercises of the Hahnemann Medical College of Chicago were held March 1st, 1866. A large and appreciative audience was present to witness the ceremony of conferring the degree; and the music that enlivened the proceedings was tasteful and charming. The exercises were opened with prayer by the Rev. Dr. Burroughs. Prof. Small, Dean of the Faculty, read his Annual Report, from which it appears that 540 lectures had been delivered during the College session just closed. Seventy-six pupils had been in attendance upon the Course; of whom twenty-six were now presented for graduation. He also stated that the project of the erection of a commodious college and hospital building was in charge of a committee with good prospect of success.

The Valedictory Address was delivered by Rodney Welch, M. D., Professor of Elementary and Animal Chemistry and Toxicology. Subject: "Chemical Commerce and its Commodities." An admirable address, which we hope to publish hereafter.

At the close of the exercises the Faculty graduates, alumni, and students of the College, with a large number of physicians, partook of a sumptuous entertainment at the residence of Prof. Ludlum. From first to last all passed off most pleasantly and auspiciously. The College prospers, and the community at home and abroad is abundantly gratified.

Graduates of 1866.

Eugene W. Beebe,
Lucius E. Clark,
Charles W. Clark,
Edward Cowles,
C. H. Cogswell,
George E. Chandler,
J. Deville Dennis,
T. Cation Duncan,
O. E. Goodrich,

Frank W. Gordon,
H. T. F. Gatchell,
W. G. Jones,
C. H. Lutes,
James Emmett Morrison,
Charles W. Miller,
O. H. Mann,
A. Burton Nichols,
Ephraim Parsons,

Clinton W. Pearce,
M. F. Page,
I. G. Rishel,
W. F. Sherman,
Alvan Edmund Small, Jr.,
Henry Newell Small,
Leland Walker,
W. H. Woodbury,

HONORARY DEGREES.

SAMUEL EADON, M. D., England,
R. L. HILL, M. D., Dubuque, Ia.,

A. HOWARD OKIE, M. D., R. I.,
H. D. PAINE, M. D., N. Y.,

EDWIN A. LODGE, M. D., Detroit, Mich.,

Sixteenth Annual Commencement of Cleveland Homœopathic College.

The sixteenth annual course of the Cleveland Homœopathic College closed February 21st, and the commencement exercises were held at Garrett's Hall.

This College is in a very flourishing condition. The class for 1865--6 is the largest ever in attendance at the College, numbering seventy-eight Matriculants. The graduating class numbers thirty-seven, three of whom received the honorary degree.

In addition to the regular course of lectures by the Professors, an interesting and able series of lectures on Botany by H. A. Tuttle, Esq.

The college this year sends three diplomas to England, six to Canada, and one to Sweden, showing that the name and fame of this institution is not confined alone to this city, and State, and country, but extends across the great waters, even to the home of the founder of the great homœopathic system, and to other countries of Europe.

On the assembling of the faculty and students the commencement exercises were opened with prayer, by Rev. Mr. Parrish.

The address to the graduates was then delivered by Prof. G. W. Barnes. It was a learned and eloquent address, and we regret that we cannot print it entire.

The degrees were then conferred by Prof. J. C. Sanders, the President of the College, who prefaced the presentation with excellent advice to those who were to receive them. The names of the graduates were as follows :

Graduates of 1866.

E. T. Adams,
* T. R. Allen,
* W. P. Armstrong,
G. D. Allen,
Wm. P. Burge,
D. P. Badger,
W. F. Biggar, A. B.,
John Bryan,
Wm. Clark,
H. B. Croft,
J. M. Cadmas,
* L. D. Clark,

J. A. Compton,
Samuel Cowles,
E. B. De La Matyr,
E. Graham,
H. T. Fitz Gatchel,
G. C. Hibbard,
Abner Hayward,
P. S. Hallet,
J. A. Hall, M. D.,
B. F. Jackson,
J. R. Moody,

J. D. McCreary,
E. C. Morrill,
Louis Marrette,
H. E. Powell,
L. W. Pratt,
A. L. Roberts,
W. G. Scott,
J. W. Scott,
M. C. Sturtevant,
J. G. Schmidt, M. D.,
W. G. Ware,

HONORARY :

P. J. LEIDBECK, M. D., Sweden, EDWIN A. LODGE, M. D., Mich., THOS. BRYAN, Penn.

* Names thus marked are students who have attended two courses of Lectures and passed a satisfactory examination, but their diplomas are temporarily withheld until the expiration of their required time of study.

St. Louis Homœopathic College.

The Valedictory which we reprint in this number, was delivered by Prof. E. C. Franklin. List of graduates will appear hereafter.

SOCIETIES—WHEN AND WHERE THEY MEET.—1866.

Miami Homœopathic Medical Association meets at Dayton, Ohio, May 3d, 1866

The “*Canadian Institute of Homœopathy*” convenes at Hamilton, Wednesday, May 9th, 1866.

The “*Illinois Homœopathic Association*,” at Chicago, May 16th.

The “*Western Institute of Homœopathy*” at Cleveland, on Wednesday, May 23, 1866.

The “*American Institute of Homœopathy*” at Pittsburgh, on Wednesday, June 6th, 1866.

Pennsylvania Homœopathic Medical Society, first meeting at Pittsburgh, June 6, 1866.

The “*Homœopathic Medical Society of Ohio*” at Columbus, Tuesday, June 12th.

The “*Michigan Institute of Homœopathy*” at Detroit, on Tuesday, June 19, 1866.

The “*Massachusetts Homœopathic Society*” at

The “*Homœopathic Medical Society of Wisconsin*,” at LaCrosse, Wednesday, Nov. 21, 1866.

New Hampshire Homœopathic Medical Society at —, Jan. 20.

J. H. GALLINGER, Secretary, Concord, N. H.

New York State Homœopathic Medical Society, at Albany, N. Y., on second Tuesday in February, 1867.

H. M. PAINE, M. D., Secretary, 104 State-st., Albany.

[Secretaries of Societies will oblige the Editor by sending their names and addresses, with dates and places of meeting, copies of proceedings, &c.]

Homœopathic Medical College of Pennsylvania.

The Eighteenth Annual Commencement of the Homœopathic Medical College of Pennsylvania was held March 1, 1866. Valedictory address by ADOLPH LIPPE, M. D., Professor of Materia Medica.

Graduates of 1866.

Honorary—THEODORE J. RUCKERT,
Hernhuth, Saxony,

Special—Dr. BENJAMIN BECKER,
Pottsville, Pa.

W. L. Arrowsmith, M. D.,
L. Younghusband, A. M., M. D.,
Francisco Orenga, M. D.,
Lewis H. Willard,
Edwin S. Anderson,
Isaiah Dever, M. D.,
Benjamin C. Woodbury,
James S. Shepherd, M. D.,
Sumner H. Boynton,
Aquila B. Lippincott,
Joseph J. Currie,
Silas Griffith,
Ziba D. Walter,
Jacob G. Streets,
Rufus E. Belding,

George F. Marsden,
Edwin H. Trego, M. D.,
George H. Parsell,
Rev. David Packer,
Milton D. Lichtenwalner,
David L. Dreibeldis, M. D.,
John E. Barnaby,
Edward P. Small,
J. Heber Smith,
Charles S. Wilson,
J. Benson Voak,
Richard T. Harman,
Harry E. Williams,
Rev. Chas. D. Herbert, A. M.,

Maximilian Werder,
Thomas H. Smith,
Charles Arthur,
James B. Owens, M. D.,
Charles H. Doran, M. D.,
Nathan Wiggin,
John C. Richards, M. D.,
Clarence D. Campbell, M. D.,
George B. Sawtelle,
Constantine Lippe, M. D.,
Alfred Shepherd, M. D.,
J. Emory Voak, M. D.,
David Coon, M. D.,
A. J. B. Jenner,

Homœopathic Medical College of New York.

At the sixth annual commencement, Feb. 28, 1866, the Valedictory Address was delivered by Samuel B. Barlow, M. D., Professor of Materia Medica and Therapeutics.

Graduates of 1866.

Henry Ahlborn,
Samuel Alvord,
Henry N. Avery, A. M.,
A. R. Beach,
James S. Bell,
B. J. Burnett, Jr.,
C. C. Cameron,
Andrew J. Clark,
A. E. Dodge,
Joseph Finch,
Charles F. Forbes,
William Fry,
W. G. Graham,

S. Patten Graves,
Gregg Henderson,
Edward Higgins,
Ambrose A. Hill,
Richard Hodgson,
J. P. Hunting, A. M.
S. Hopkins Keep.
J. L. Keep, M. D.,
John C. Linsley,
J. G. Malcolm,
J. C. Moore,
L. F. Morse, M. D.,
L. M. Parmelee,

C. B. Parkhurst,
P. W. Paulson,
W. H. Sanders,
J. Edwin Seeley,
Francis Schell,
P. T. Schley,
Henry E. Spalding,
G. E. Swan,
M. F. Sweeting,
J. W. Sweesey,
Joseph H. Turck,
Charles Vishno,
T. D. Wadsworth.

Convention Called to Form a State Homœopathic Medical Society of Pennsylvania.

At the meeting of the Alleghany County Homœopathic Medical Society, held November, 1865, the following resolution was offered viz :—

Resolved, That the Homœopathic Medical Society of Alleghany County invite the physicians of the rest of the State to meet in Pittsburg the day previous to the meeting of the American Institute of Homœopathy, for the purpose of forming a "State Medical Society,"

Drs. Cowley, Hewett and Cooper were appointed a committee to carry out the resolution.

At the meeting in December the committee reported the following address, which was unanimously adopted :

To the Homœopathic Physicians of Pennsylvania,—Brethren :
At the suggestion of Dr. Bushrod W. James to some of the members of the Homœopathic Medical Society of Alleghany County, the subject of the formation of a State Medical Society, and of the holding of a convention for that purpose previous to the meeting of that Society in November, 1865, when it was unanimously

Resolved, That the Homœopathic Medical Society of Alleghany County invite the homœopathic physicians of the rest of the State to meet in Pittsburg on Tuesday, the 5th day of June, 1866, and unite with them in the formation of a State Medical Society.

We, therefore, members of the said Society, cordially invite all homœopathic physicians within the limits of the State of Pennsylvania to meet them in Pittsburg, on the 5th day of June, 1866, for said purpose. The time and place of meeting will be announced in the journals. Signed,

J. C. Burgher, M. D., President; H. Hofman, M. D., Vice President; D. Cowley, M. D., Secretary; James A. Herron, M. D., Treasurer; C. Barlz, M. D., A. Black, M. D., W. C. Borland, M. D., W.

R. Child, M. D. J. F. Cooper, M. D., M. Cote, M. D., Geo. S. Foster, M. D., J. P. Harvey, M. D., Thos. Hewett, M. D., P. D. Liscomb, M. D., J. S. Rankin, M. D., L. M. Rousseau, M. D., F. Tandte, M. D., M. W. Wallace, M. D.,

Action of the Board of Managers of the Homœopathic Infirmary, Philadelphia, on the call:

At a meeting of the Board, held February 16th, 1866, the following resolution was unanimously adopted:

Resolved, That this Board learns with pleasure that a convention of the homœopathic societies and physicians of Pennsylvania has been called to meet in Pittsburg on the 5th day of June, 1866, for the purpose of forming a State Homœopathic Medical Society; and, feeling a deep interest in the progress of homœopathy everywhere, and especially in our own State, heartily support the measure and the call of the Alleghany County Medical Society, and hereby request and delegate the Medical and Surgical Staff of our institution to attend the said convention and represent this organization in it.

A. ERWIN, Secretary.

JOHN WELSH, President.

Personal Notices.

Ballard.—E. A. Ballard, M. D., will practice hereafter at Natchez, Miss.

Calvert.—It having been asserted that Dr. W. J. Calvert, of Chelsea, Michigan, is not a properly-educated Physician, we take pleasure in saying that he attended two courses of lectures in the Michigan State University, that he afterwards went to New York City, and graduated at the New York Homœopathic Medical College, and that he is now a member of the Michigan Homœopathic Institute. We understand that he was a Physician of the New York City Homœopathic Dispensary, while there, and was very diligent in attendance upon the clinics of Bellevue and Blackwell's Island Hospitals. We think that the citizens of Chelsea will find that he is a duly qualified practitioner.

Dresser.—B. L. Dresser, M. D., sends us a very fine re-proving of *Eupatorium purpureum*. We shall take much pleasure in having prepared for him a presentation copy of the new edition of "*New Remedies*."

Dunn.—Dr. Homer Dunn has removed to South Haven, Mich.

Dunham.—Carroll Dunham, M. D., has been to Cuba, which will account for delay in publication of the Review.

Franklin.—Prof. Franklin, of St. Louis Homœopathic College, expects to complete the 1st volume of his Surgery by 1st of August. It will be a very comprehensive and valuable work.

Hooper.—Joseph Hooper, M. D., has been appointed Professor of Medical Jurisprudence in the Cleveland Homœopathic College. We congratulate the College on the acquisition of one who will reflect honor upon the position.

Manwaring.—Dr. J. M. Manwaring will locate at South Bend, Indiana.

Mayer.—Dr. Martin Mayer has opened a free Homœopathic Dispensitory at 95 Shawnee Street, Leavenworth, Kansas.

Nichol.—Thomas Nichol, M. D., will receive a presentation copy of the "*New Remedies*," and a set of the medicines complete, as a small return for his contributions—provings of *Dioscorea*, *Asclepias tuberosa*, etc.

—The children of our friend and correspondent, Dr. Thomas Nichol, have both had diphtheria in its most malignant form. They are now convalescent.

Palmer.—Dr. George Palmer returns to St. Clair to practice. The publication of the newspapers that he had removed to New York City was not authorized.

Turner.—Our friend John Turner, M. D., has removed to Milford, Mass., and opened an office at 104 Main Street. Dr. Turner was a successful practitioner for some thirteen years in Brooklyn, N. Y., and for some eight years Physician to the Juvenile House of Industry.

Whiting.—Dr. D. Whiting has removed from Augusta, Maine, to 595 Tremont St., Boston.

O b i t u a r y .

Bryant.—J. W. Bryant, M. D., died on the 13th January, 1866, at Lapeer, Lapeer Co., Mich. He was a young man of great promise, aged only 26 years, by birth a Canadian, having been born near London, at which city he studied medicine, in the office of Dr. J. J. Lancaster, one of the pioneers of homœopathy in Canada, and now Secretary of the Examining Board there.

Dr. Bryant was a true physician, a firm and faithful friend, and respected by all who knew him. How much we must regret that one so young and of so much promise should be taken away from us. While a student he was diligent in his studies, persevering in his endeavors to acquire knowledge and to do good; and his gentlemanly and uniformly kind manner won for him the friendship of all with whom he came in contact. He received his college education at Ann Arbor and Cleveland, graduating at the latter place some two years ago, when he returned to Canada presented himself before the examining board at Toronto, C. W., obtained his provincial license, and

with it, for his ability, the congratulations of the President of the Board. He did not, however, long remain in Canada, but removed to Michigan, settling at Lapeer, where by his skill and general amiable qualities he soon made for himself a very extensive practice. Indeed, so large did it become, that the exertion requisite to attend to all his patients proved too much for his constitution, and after a prolonged fever, which, toward the termination of his life, assumed a typhoid character, he died. Thus were the services of an educated young physician lost to those who were wont to rely on his professional skill. His death, in his immediate vicinity, is like a public calamity, much felt by all who knew him. Those who were his fellow students, too, feel his death. How hard it is to realize that an old chum has passed away,—one disappeared from the active scenes of life, and now sleeping low in the ground, the last sleep. Visions of the past flit o'er us, and the many interesting events and amusements of office life appear to us. And how sad it seems to think that one who participated in those scenes should be gone, never to be seen again,—and *this* is life.

His remains were removed to London, where his friends paid him their last tribute of respect by following his body silently along; and the cold, cold earth received his remains; and mournfully, with downcast heads, did they leave him in his last resting place, to sleep the sleep that knows no waking.

ST. CLAIR, MICHIGAN.

* *

Macomber.—George Macomber, M. D., a much respected homœopathic physician departed this life January, 2d, 1866, at Melrose, Mass.

DO THE PHYSICIANS APPRECIATE THE AMERICAN HOMŒOPATHIC OBSERVER?—One Physician writes:

"I am delighted with your "Observer." It certainly, to my mind, ranks A, 1, in comparison with other publications. Success attend your efforts."

Another: "I received, this morning, the "Observer," and have spent this evening in *observing* it, and the conclusion reached is, to forward you the requisite two dollars, (which please find enclosed,) that you may regularly send it to

"Yours in S. S. C. P. S.—I 'guess' you're a live man." —

Another: "I consider your journal the most suggestive and practical one I receive, especially in the department of Materia Medica, and hail each recurring number with satisfaction."

Another: "The *Observer* is the most welcome visitor I have."

Another: "I am delighted with the energy displayed in your *Observer*, and hope it will infuse a progressive spirit into our whole school."

Another: "Fully appreciating your earnestness in the good cause of Homœopathy, I shall with pleasure do all I can to help you with your *Observer*."

Another: "I am pleased to see the evidences of thrift exhibited by the January number, now before me. It promises (and has never yet promised what it did not fulfill) to gain the front rank in the medical journalism of Homœopathic literature."

Another: "I value the OBSERVER. It contains more practical information than any other monthly."

Another: "I cannot do without your journal. I have often been aided by its valuable suggestions. God speed you in your good work."

Another: "I consider it equal to any medical magazine published."

WHAT IS YOUR NAME?

To day sixteen dollars is received from Cincinnati, Ohio, without letter or name. A short time ago \$20 was received in a letter without any signature. Two or three numbers of the Observer are returned "*declined*." All right, though sorry you do not value our labors. We wish no one to take the Observer who is not willing to pay for it, but *what is your name?* Whose name are we to take off the list?

DEFERRED ARTICLES.

DR. M. A. TINKER, on "*Apocynum cannabinum*."

DR. BLAKELY, on "*Traumatic gangrene*."

DR. SPINNEY, on "*Hamamelis in Dysentery*."

PROF. WILSON, on "*My first steps*."

DR. C. C. SMITH, on "*Sore breast*."

DR. T. C. HUNTER, on "*Diphtheria*."

DR. F. X. SPRANGER, on "*Bronchitis*."

DR. THOS. NICHOL, on "*Permanganate of potash in diphtheria*."

DR. LEWIS DODGE, on "*Cholera*."

DR. J. LESTER KEEP, on "*Phytolacca decandra*."

DR. R. C. SMEDLEY, on "*Staphyloma purulenta*."

DR. J. H. MARSDEN, on "*Diphtheria*."

DR. J. C. PETERSON, on "*Importance of pathological indications*."

DR. H. WIGAND, "*Cases from practice*."

DR. A. J. BELLOWS, on "*Scrofula*."

S. A. MERRELL, M. D., "*Homœopathy and Allopathy in the crucible of facts and figures*."

CARROLL DUNHAM, M. D., "*The High Dilution Theory*."

Reserved for Notice Hereafter.

"Suggestions to Young Men on the subject of Marriage and hints to Young Ladies, and to Husbands and Wives, by JOHN ELLIS, M. D."

"Eleventh Annual Report of the Bond-st. Homœopathic Dispensary, by OTTO FULLGRAFF, M. D."

"New England Medical Gazette."

"Popular Homœopathic Journal."

"Report on the use of pressure in the treatment of Gonorrhœal and purulent ophthalmia."

Practice of Medicine.

For the American Homeopathic Observer.

DIPHTHERIA.

BY J. H. MARSDEN, M. D.

Notwithstanding the protean character of this disease, the majority of the fatal cases are, probably, the result of asphyxia. Copious deposit of false membrane at the entrance or along the course of the air passages, aided occasionally, at least, by swelling of the parts, obstructs respiration to such a degree that the blood soon stagnates in its course and becomes unfit to sustain the functions of life. Any means therefore, calculated to relieve this condition when it has taken place, or what is better and probably more attainable, to prevent its occurrence, possess immense interest.

Tracheotomy has been proposed and practiced as a remedy for the asphyxia of diphtheria. Results, however, have not hitherto been sufficiently satisfactory to lead us to hope for much from this quarter. Doubtless the operation has sometimes been followed by a recovery, and oftener by at least temporary relief of the distress arising from dyspnoea. While not very sanguine of any triumphant success over this form and stage of the disease, I would offer some suggestions, which, if sufficiently tested, may, I trust, prove of service, at least in some instances. Several years ago it occurred to me that if we could allow the patient to inhale pure oxygen gas instead of atmospheric air, a much smaller volume of the former than of the latter would suffice to aerate the blood and keep it in a sufficiently normal condition to subserve the purposes of life. Thus occasional inhalations might answer for, and supply the defects of constant respiration, postpone the fatal results, and increase the chances for the detachment and expulsion of the false mem-

brane. I accordingly ordered in Philadelphia a portable apparatus for the production of oxygen gas, which came to hand in the midst of an epidemic of this fatal malady, but when I was confined to my room by sickness. By the time I was able to resume my practice the disease had principally disappeared, and I met with no opportunity to test the plan till last summer, when another pretty extensive epidemic occurred. I prevailed upon a young lady whose dyspnoea was very distressing, partly from membranous exudation and partly from swelling, to inhale the oxygen gas. She found the inhalation very fatiguing, owing to the narrowness of the aperture of the mouth-piece of the apparatus, and being very weak, declined a repetition. Her residence, moreover, was too distant from mine to repeat the operation with sufficient frequency to answer any valuable purpose, but from the immediate effects of the oxygen in this experiment, in increasing the volume and strength of the pulse, I still entertain the hope that a more diligent use of this means might not be unavailing.

Shortly after this trial with oxygen gas, it occurred to me that the protoxide of nitrogen, or nitrous oxide gas, might answer a still better purpose. I will not here stop to state the theoretical grounds upon which this expectation is founded, but would most respectfully and earnestly recommend to my professional brethren a trial of this agent when a suitable opportunity may offer.

But if those cases in which extreme difficulty of breathing from membranous exudation has already occurred before we are called in, afford but little prospect of relief, we may, I think, when early consulted, so modify the cause of the disease by appropriate treatment, in a very large proportion of our patients, as to prevent the supervention of that perilous and generally fatal condition. And here I need not repeat the remedies which are laid down in the books, and generally in articles written upon this disease. Where indicated they are, many of them at least, very valuable. This may perhaps be especially said of Bromine. But I desire to direct attention to one which, so far as I know, has not as yet been generally used.

Early in January, 1864, while reading an article in the *American Journal of the Medical Sciences*, by Prof. Jackson of Philadelphia, upon the permanganate of potassa, which he strongly recommends as a remedy for hospital gangrene, it occurred to me that this agent might prove valuable in some cases of diphtheria. (*American Journal of Medical Sciences*, January, 1864, p. 98.) Dr. Jackson tells us that whilst looking over Bouchardat's *Annuaire de Therapeutique, &c.*, for 1864, he met with the statement, "L'eau ozonisee anglaise est une dissolution de permanganate de potassa 2 eau 1000," p. 95,—(that the ozonized water of the English is a solution of the permanganate of potassa in proportion of 2 parts to 1000 of water.)

I immediately resolved to try this agent in the first case of diphtheria I should meet with, where, according to my conception of its properties, I thought it applicable. The disease had, however, entirely disappeared, and no case fell into my hands until Sept. 16th, 1864. This, when first seen, was highly asphyxiated, having commenced several days before I was called in. Patients in the condition in which I found this one usually die in 24 or 48 hours. Having expressed a very unfavorable prognosis I exhibited the permanganate in solution of a strength nearly that above indicated. The patient, a stout boy of 12 years, lived, to my surprise, nearly a week, but finally succumbed. I should say that proto-iodide of Mercury was given alternately with the permanganate solution. I think no other opportunity occurred of trying the permanganate till in the number of the *American Journal of the Medical Sciences* for January, 1765, (one year after the publication of Dr. Jackson's article,) I met with a communication by Dr. Louis Mackall, Jr., M. D., Germantown, D. C., in which, after lamenting his ill success with and loss of faith in all (allopathic) remedies, he says: "On reading in the January number of the *American Journal* an article by Dr. Samuel Jackson on the therapeutical application of a solution of the permanganate of potash, it occurred to me that this agent might be beneficial in the treatment of diphtheria." I would here remark that Dr. Jackson says nothing of its application to diphtheria. After detailing a case successfully treated with the permanganate alone having

first made an unsuccessful trial of chlorate of potash and tincture of iron, Dr. Mackall proceeds: "Since then I have treated all the cases of diphtheria (some fourteen or fifteen) which I have seen, with this agent, and am more and more convinced with every case, that we have in the permanganate a most valuable remedy. Such is my faith in its powers to arrest the extension of the pseudo-membraneous formation and to remove it when formed, that I now feel little apprehension in any case, if called to see the patient before the disease has extended to the larynx, or paralysis has occurred." This article is dated October 22d, 1866. Dr. Mackall and myself, therefore, seem to have tried this remedy nearly simultaneously, and each without the knowledge of the other's having done so. Since reading Dr. M.'s article, I have used the remedy pretty extensively, and very generally with satisfactory results. In many cases, where there was much chilliness and fever, aching of the limbs, back and head, I have alternated it with *Phytolacca decandra*, an excellent remedy. Cases thus treated I have found very generally made good recoveries; in fact, I do not remember one that died from extension of false membrane within the air passages when thus timely treated.

Whether ozone, developed in the solution of the permanganate, and doubtless the medicinal agent, is homœopathic to diphtheria or not I am not prepared to decide. I am inclined to think, however, that a thorough proving would demonstrate it to be so. It is said, upon good authority, that when superabounding in the atmosphere, it irritates the air passages, is the cause of acute bronchitis, increases the quantity of fibrin in the blood, &c. From careful observation in the use of the permanganate in a very considerable number of cases, I am convinced that it exerts a very salutary agency in arresting the deposit of false membrane; that it is a good topical application to the throat, and in cases where the schneiderian membrane is much affected, discharging a corrosive ichor, if snuffed up the nose, (I mean the solution,) it will often act like a charm. Without recommending its indiscriminate employment in all cases of diphtheria, I would especially advise at least its alter-

nate use from the earliest stage of the disease, even when another remedy seems to be strongly indicated.

Finally, I would suggest, whether in cases in which there seems to be a disposition to copious exudation, the free use of ammonia might not be found an efficient means in preventing the formation of false membrane. The well-known power of ammonia to modify the coagulability of the blood, or rather of the albumen it contains, would, I think, justify us in the expectation of some advantage from its employment. Perhaps the acetate of ammonia would be as suitable a form as any in which it could be exhibited. If it be objected that this would not be a homœopathic application of the remedy, we reply that a conscientious physicians we are bound to use physiological remedies and adjuvants, not interfering with rational treatment, when such afford any reasonable prospect of warding off death, till medicines scientifically selected have time to exert their radically curative action.

Thomas Nichol, M. D., of Belleville, C. W., furnishes the following items in relation to the use of Permanganate of Potash in Diphtheria :

“ Having had a great deal of experience in the above mentioned disease, and having tried in turn all the local applications that have been recommended, I desire to call the attention of the profession to the permanganate of potash, used as a local application. I have found it principally indicated when underneath a fetid scab-like membrane there was considerable erosion of the mucous membrane. It is not indicated in the tenacious “*kid-leather*” membrane, and is perfectly useless against it, and it is of no avail where laryngeal symptoms set in. I recommend it to be used by dissolving five grains of the 1st dec. trit. in an ounce of water.”

The above was received some months since. Under date of March 21st, 1866, the Doctor writes :

“ Within the past four weeks I have had fourteen cases of diphtheria, five of them with the much dreaded laryngeal complication. *No deaths !*”

For the American Homœopathic Observer.

DIPHTHERIA.

BY T. C. HUNTER, M. D.

I wish to enquire through the *Observer* whether there is any remedy known for diphtheria when the membranous deposit appears in the nasal passages? I have had three cases of that kind. Two of them in March, 1861, and the third in November, 1865. All died. The first case was sick only four days. The deposit in the nose was first seen eighteen hours before death. Previous to that time I had treated the patient, a little boy of four years for worms; I had given *Gelseminum* and *Santonine*, which had caused the discharge of lumbrici. For the diphtheria I gave him *Merc. bin. 2d dec.* and *Kali bic. 1st dec.*, with a saturated solution of *Kali chloricum* as a gargle. For four or five hours before death he suffered extremely from dyspnœa, his face was a dark purple. An hour before death his breathing became easier, his face assumed a healthy color, and twenty seconds before he died I told his parents I thought he was out of immediate danger; his mother left the room to attend to some household duties, when, just as she closed the door, he suddenly turned over and instantly died. *Was there diphtheritic deposit in the heart?*

The second case was a sister of the above, taken the day after the funeral; lived twelve days. The deposit made its appearance in the nasal passages after three or four days, accompanied with a very irritating discharge. The disease manifested itself in paroxysms of two or three hours duration, about twice a day, at irregular intervals, during which the tongue would look dark and bloody, with fetid smell, and all the worst symptoms of this terrible disease. After a while the storm would clear away and there would be an interval of a few hours, during which, if a physician had seen her for the first time he would have said there was nothing the matter with her unless it might be a cold. She died in one of these paroxysms, being no worse, apparently, six hours before death than a week before.

Both of the above cases were treated with the same remedies, and in neither was there any diphtheritic deposit on the tonsils or about the fauces.

The last case I had, commenced with a small patch of membrane on the back part of both tonsils. The case seemed to progress favorably for about a week, when the irritating discharge from the nose commenced; after that medicines seemed to have but little effect. About thirty-six hours before death a violent hæmorrhage from the nose set in and continued for about six hours, prostrating the patient very much. A large clot filled the nostril and remained until removed by the attendants after death, who drew away a string of bloody membranous matter three inches long, and then cut it off with the scissors. This case had tertian intermittent during her whole illness. She received *Mercurius biniodatus* 2, *Kali bichromicum* 1, *Phytolacca tinct.*, *Kali chloricum*, *Arsenicum* 2, *Hamamelis tincture.*, &c.

Has any one had similar cases? I have seen none reported. Is there any remedy capable of producing a membraneous deposit in the nasal passages?

The remedies above named have been entirely sufficient in other cases in my hands. Diphtheria is doubtless a constitutional disease, but it requires remedies suited to its local manifestations.

There is a great amount of diphtheria (so called by the regulars,) in this region, which is readily cured with *Mer. protoiod.* or *iniod.* and *Belladonna* or *Apis. mel.*; indeed, I think they will cure nine-tenths of the sore throats we find. I cured a case of burning sore throat, accompanied with an incessant hacking cough, by a single dose of *Phytolacca tinct.* Upon examination there was nothing abnormal to be seen. The lady described the sensation experienced on taking the medicine as that of a lump of ice passing down and putting out the fire.

A friend writes: "Without boasting, I will here state that I have enjoyed great success in curing diphtheria, not losing to exceed 2 per cent., but I exceedingly regret to say that very

lately my success has not been as good as formerly, having lost three cases. In all three cases there were laryngeal symptoms and the false membrane in two of them covered the entire inner mouth and throat. The mouths and throats looked as though they were covered with plaster of paris. I used *Biniod. Mer.*, but without effect, then I tried *Protoiodide*, then *Phytolacca dec.*, then *Kali bich.*, and *Caustic Ammonia*, but all to no purpose. In all preceding instances I have been able to control those cases where croupy cough had set in with *Kali bichrom.* and *Caustic Ammonia*, but not so in these cases. Can you suggest anything by way of improvement?

For the American Homœopathic Observer.

SCROFULA.

BY A. J. BELLOWS, M. D.

This term, literally translated from the Greek, means swine swelling, and originated in the fact that swine are subject to indolent tuberculous nodes in the liver, lungs, mesentery and sometimes in the adipose tissues. The term is applied by the best nosologists to forms of disease which consist in, or are accompanied by, enlargement and imperfect action of the absorbent glands, which are consequently indolent or slow to suppurate and slow to heal. Under this term, therefore, are included some of our gravest and most fatal diseases. Phthisis Pulmonalis, Tabes mesenterica, Glandular tumors, &c., which constitute a family of diseases sufficiently distinct for all practical or scientific purposes.

All nosological rules are set aside, therefore, when we include in the term scrofula, diseases which have none of the above characteristics, as Necrosis, Psoriasis, and even Syphilis, &c., some of which, indeed, have characteristics peculiar to themselves, so as to form a distinct class. And yet some of our scientific practitioners seem to think the term scrofula a kind of omnibus into which to take everything not otherwise conveniently disposed of. Some of these diseases may induce derangement of the absorbent vessels and glands, but they seem to do it by their specific poison, while in scrofula the glandular

system seems to be the primary seat of disease. It seems to have its origin either in the direct effect of carbonic acid or in the absence of oxygen. This, I think, can be demonstrated by many facts. In a scientific journal published in London now, about 30 years ago I remember seeing a statement which made an impression so strong that every particular is still in my mind. The subject of ventilation was just then attracting attention. Before that time in England and this country the only question being how to keep warm, and not a thought bestowed on the quality of the air to be breathed; and even scientific men, as they do still in more northern countries, were content to breathe the vilest air if they but have it warm. But in London in 1830, some scientific men began to suspect that air with its natural proportions of oxygen was better than when carbonic acid gas was substituted for oxygen, and they instituted a new system of ventilation in the Foundling Hospital, and also in the Zoological Gardens of that city. The result was astonishing. In two years the average length of life of infants had increased one hundred per cent., and the length of life of monkeys had increased in just about the same proportion, and what is remarkable, and the point for which I have referred to this case, both infants and monkeys in these institutions had died mostly of scrofulous diseases, especially of tuberculosis, both pulmonary and mesenteric, which seems to prove my position that the disease is induced either by the direct influence of carbonic acid gas or the absence of oxygen. There may be other existing causes of scrofula beside the want of pure air; but Dr. Bowditch to the contrary notwithstanding, I think we shall find the influence of soil has very little to do with it. Neither is it on account of temperature that more die of consumption in northern than southern climates, but because in trying to keep warm the people of northern climates neglect to ventilate their rooms. Other facts also seem to indicate that scrofula is induced by want of proper oxidation of the blood. Scrofulous patients have generally imperfectly developed lungs, and the parts of the lungs which are first affected in tuberculosis are generally those in which the air has imperfect access. It is no argument against this theory

that scrofula is inherited. Narrow chests are inherited, and indeed, every deformity and every disease, and even our mental and physical habits, are inherited, as we shall see. Brown Sequard, in a very interesting lecture on Epilepsy, &c., mentioned a fact which illustrates this subject.

While in the hospital in London for the treatment of epilepsy, he experimented on different animals with a view to determine the cause of that disease, and he found that on many animals he could always induce epilepsy by irritating the spinal marrow at the base of the skull. These animals would afterwards be subject to epilepsy, and the guinea pig, which was never known to have that disease except after such an operation, would not only have it afterwards but their offspring would also have epilepsy, showing that a disease could be inherited that was induced by accident or injury. I know two children in whom the first joint of the little finger on the left hand stands at right angles with the other joints. Their father when young had a little finger of the same hand put out of joint and it was never set. I knew, also, a young lady who, when particularly interested in anything, looks at it askant, and this was a peculiarity of her mother whom she never saw after she was six weeks old. I knew, also, a young man whose father died when he was an infant, who always reminds his friends of his father by a peculiar shrug of the shoulders and a peculiar gait. Not only scrofula, but every thing else, therefore, can be inherited.

We all know that the treatment of scrofulous diseases without pure air is perfectly useless, and I give my consumptive patients pure cold air in the coldest winter days, and they find it not only a luxury but a great benefit. I cover them up in bed all but the nose and then open the windows. They are refreshed by an atmosphere in the lungs that would give pain to the skin. But something beside pure air is necessary to cure consumption when once fairly established. And what is to guide us in the selection of remedies? We have some medicines, like the iodides and mercurials, which have a general effect on the glandular system, and perhaps some which have a specific effect on particular glands, but something is wanted.

besides what has yet been discovered to cure tuberculosis, either mesenteric or pulmonary. We must look for them in new provings, but some hints may be useful in directing minds to medicines likely to prove successful.

I have seen some fragmentary provings of Fluoric acid and its compounds which indicate a marked influence on scrofulous diseases. Dr. A. J. Murch reports in the *American Homœopathic Observer* that having tried Flouride of Calcium on a dog, and getting glandular swellings, he tried it himself and got some marked symptoms. Dr. Murch got swelling of the glands, an ulcer behind the ear and great oppression for breath, so that, having weak lungs, he dared not pursue the provings. These facts induced me to inquire whether regions of country in which scrofulous diseases prevail are not also regions where fluoric compounds abound, and in the *American Encyclopædia* I find this remarkable confirmation of my suspicion. The only place in the world where fluor spar is found in sufficient quantities and perfection to be wrought into ornaments, such as vases, basins, obelisks, &c., is Derbyshire, England, and, according to Webster, it is called Derbyshire spar, on account of its prevalence there. Now all of us who are acquainted with old medical books know that goitre, cretinism and other forms of scrofula of the neck constitute what are called Derbyshire neck, because of its prevalence in Derbyshire. Put the three facts together that Fluor spar which is very soluble in water, and of course impregnates all the springs in that region, abounds in Derbyshire as it abounds no where else, and that scrofulous diseases abound there as they abound no where else, and that without a knowledge of these facts, provings are stated to indicate fluor spar to be homœopathic to scrofulous diseases, and we have not only a beautiful corroboration of the truth of homœopathy, but some valuable hints respecting the value of fluoric acid and its compounds.

Another remedy, which is partially proved in Hale's "New Remedies," is *Phytolacca decandra*, which gives promise of usefulness in glandular diseases, especially those accompanied with emaciation. It is stated as a well established fact that pigeons and partridges, while living on the Poke Berry, as they do at

certain seasons of the year, lose all their adipose substance. Dr. Burt, while proving the article, had swelled glands and a suppurating tumor, and many other symptoms which indicate that this may also be a valuable medicine in scrofulous diseases. In that stage of tuberculosis in which there is emaciation I have used it with considerable satisfaction, and in another form of scrofula I have seen a marvelous effect of this remedy. In a case of what the allopathists call leucothemia, consisting of an enlargement of the absorbent glands, forming a distinct tumor sometimes of enormous size, and which is described in a pamphlet recently published, and considered incurable, I have seen a perfect cure. Miss Y., aged about 22 years, of light complexion, had from the age of puberty a swelling on each side of the neck, involving the thyroid gland, but largest on the left side and extending up almost to the parotid gland. It had increased at first very slowly, but for the last year had increased very perceptibly and had become quite a deformity. It seemed to consist of a cluster of enlarged absorbents, and felt like a bag of soft peas that would slide on each other under pressure. My attention was called to it in November, 1863, and I treated it with Iodide of Mercury in alternation with Phytolacca, taking five globules of one every third night for two weeks, and then the other. After two months absorption perceptibly commenced, at first very slowly, but after a few weeks, with the addition of gentle friction pressure, it decreased more rapidly, till at the end of about nine months it had entirely disappeared. Another case, of a gentleman about fifty years old, who had had a tumor on his forehead as long as he could remember. It gave him great trouble on account of the pressure of the hat, and he had tried many means of cure and consulted many doctors. It was an indolent tumor of dark color, and sometimes almost black, and resembled *nævus materni*. For the last few years it had greatly increased in size, till it might have been of the size of half a hen's egg. I treated it for six months without effect, with Thuya, externally and internally. He was then leaving for the country, and I advised him to use the berries of Poke. Meeting him a year afterwards I found the tumor gone, and learned that he ate three or four

berries every day for a few weeks, and finding the tumor diminishing, omitted the berries, but the absorption continued, till after three or four months, it disappeared.

In scrofulous diseases accompanied by emaciation, beside pure air and appropriate homœopathic remedies, something may also be done by selecting articles of food that are easily assimilated and that are very nutritious. Of this kind of food that article is undoubtedly best which can be taken with the best relish. You may fatten a child with cod-liver oil, as you can a turkey by stuffing with hot dough, but I prefer fat produced in a natural way, and therefore give, instead of cod-liver oil, good sweet butter, which I find much more popular and more efficacious. I have now a patient, the last of five sisters who have died of consumption, whose lungs were ulcerated last September. In November she was very perceptibly emaciated, and she was evidently going down rapidly. She was put on *Phytolacca* with fresh cold air, after the manner before indicated, and the sweetest and most fatty diet that could be taken with a relish, and this she has continued all winter, eating fat fried pork and fat beef, with good sweet butter in abundance, taking the air all winter into the lungs fresh from out of doors, even though the thermometer was down to zero; and she is now much more fleshy than in December, and has more physical energy, but still coughs and raises pus, though much less than in the fall. I have also seen another and quite different illustration of the effects of butter. One year ago a lady suggested to me that both she and her husband had attained a rotundity that somewhat interfered with tying shoe strings, &c., and asked if anything could be done. I advised the experiment of abstaining from butter. They took my advice and made no other change of diet, eating cheese instead of butter. In six months the husband weighed 20 lbs. less and the wife 15 lbs. less. Being satisfied with their present weight, they now occasionally eat butter, and can regulate their weight as they please by eating more or less.

These fragmentary hints, though valueless in themselves, if they may but elicit some further investigation of the important subject of scrofula, and some provings which may bring out a

specific for this terrible scourge to our race, will be of inestimable value to the world, and illustrate the fact that very important developments are sometimes elaborated from very crude suggestions.

For the American Homœopathic Observer.

HAMAMELIS IN DYSENTERY.

BY A. B. SPINNEY, M. D.

I would not cumber your useful journal with uninteresting or unimportant matter, but to me, perhaps not so to all homœopathic physicians, there is a power and efficaciousness in our "*New Remedies*" that has led me to rely upon them as firmly as the old school have clung to calomel and the lancet. Each day of my practice adds some new testimony or trophy in favor of some one or more remedy. I would not encourage or in any way influence any one to make our "*New Remedies*" a hobby. But all I ask or wish is, give them equal thought, study and trial with our old and long tried ones, and then let your own unbiased judgment be your guide. Let not prejudice, or that respect and reverence which every homœopathic physician owes to the name of Hahnemann, deter him from what seems his duty, or hamper his judgment, or confine him upon the same beaten track. But let the unexplored fields of our own indigenous *Materia Medica* be thoroughly, cautiously and manfully canvassed, both symptomatically and clinically, that we may all, if naught more, become lesser lights in the great Hahnemannian constellation.

To night, as I read, in your January number, of the use of *Hamamelis* in Dysentery, it brought to my mind some items of experience with that disease two years ago, when it prevailed here as an epidemic to an alarming extent. The allopathic physicians were losing a large number of patients, and I had lost some two or three; others seemed to be nearly hopeless, and among over twenty patients that I had visited during the day of which I speak, one, Mr. G., I considered the worst of any. He had been sick four days; was taken violently at first, had suffered extremely from cutting, sharp, cramping pain in the colon and rectum, with extreme tenesmus, very copious, frequent and bloody passages. Up to this time I had given *Aconite*, *Colocynth*, *Nux Vomica*, *Mercurius corros.* and *Mercurius solubilis* and *Arsenicum*. At this visit I found him rapidly sinking, pulse 130, wiry and intermittent; burning thirst, and great restlessness. No refreshing slumber for nearly 48 hours. The sphincter ani was

completely relaxed for several inches; blood and mucus constantly discharging from the rectum. Seeing that death would soon take place from loss of blood and prostration of the nervous system, I gave *Hamamelis* and *Arsenicum* $\frac{1}{100}$ alternate hours. Prepared the *Hamamelis* by putting 20 drops into two-thirds of a tumbler of water, teaspoonful doses, and gave a free injection (with Davidson's rubber syringe) of an infusion of *Hamamelis bark and leaves*, which passed off soon after with a sensation of relief, so much so that he slept quietly, except when interrupted; for three hours. Continued the injection with a small two ounce syringe after each passage, varying the quantity injected according to the irritability of the rectum and its power to retain the injection. So powerful and magical was its effects that the first injection produced contraction of the rectum and I was only obliged to use three free injections and ten small ones during the next twenty-four hours. At which time I gave *China* in place of *Ars.*, and by the use of two or three injections daily, and the proper remedies, Mr. G. was soon out of danger, and convalescent in five or six days.

Since that time I think I can safely say I have treated more than 200 cases of dysentery, with a loss of only one patient. And my success, I contend, is due to *Hamamelis* internally and in form of injection. I have used it both internally and as injection all strengths and potencies, according to age and temperament, always avoiding aggravations. I do not always use the infusion, though I prefer it, but on account of the time and inconvenience I often use the extracts, but never, if I can avoid it, the tincture, as the alcohol is too stimulating and irritating to the mucous surfaces. The extracts I generally use are $\frac{1}{4}$ to $\frac{1}{12}$, diluted with rain water, varying the quantity and the strength of the injection according to the irritability of the parts, never allowing a small injection to be so strong or free as to induce a passage.

Not only have I used *Hamamelis* with success in dysentery, but in two cases of *hæmorrhage of the bowels*, occurring in typhoid fever, when all other remedies had failed to relieve, strong *Hamamelis* injections and *Hamamelis* internally checked the hæmorrhage almost instantly. In a word, such has been my success with *Hamamelis* in hæmorrhages, whether of the venous, capillary or mucous structures, that it is my first remedy topically and internally. And though I am well aware that many homœopathic physicians may contend that I digress from the original faith by using this remedy topically, I care not for it; I contend, that the proper remedy, specifically chosen and

applied, acts as well topically as internally. Why cannot Hamamelis be absorbed as well from the mucous surface of the rectum as the stomachic? Why can it not as well assist nature to overcome the diseased action by coming in direct contact with the diseased part, as be conveyed by the circulation to that part?

For the American Homœopathic Observer.

GELSEMINUM IN CATARRHAL AFFECTIONS, ETC.

BY S. A. MERRELL, M. D.

I would suggest to the profession, through your valuable journal, the probable value of Gelseminum in many of the catarrhal affections and fevers that occur on the breaking up of winter, and would be glad to get the opinions and observations of others upon this point. I have been led to notice for years that on the return of mild weather towards the close of winter and at the opening of spring, many people are troubled with severe coughs and colds without being able to say when and how they took them.

This, I take it, results simply from the sudden relaxation, by the warm weather, of the whole system, which for months previously perhaps, had been held in an intensely tonic condition by the cold of winter, until it had become a habit,—almost a necessity to it. This tonic influence of the cold of our winters operates as a powerful invigorator upon some constitutions, where the vital powers are sufficient to oppose an adequate resistance. But in feeble constitutions, and during very cold winters, and especially when the changes to cold are very sudden, taking the system, so to speak, by surprise, the invasion is too great for the resistance offered by the vital forces and that derangement of the cutaneous and other organs takes place which we ordinarily denominate “cold,” though it may not be sufficient to make itself felt until the system is suddenly thrown from under the sustaining influence of the cold by the relaxing effect of the warm weather.

The winter here has been very cold, the thermometer often 30° and once 35° below 0. The warm weather has come pretty much all at once, and all the weak places in the system of everybody, not being able to throw off the tonic conditions or habits induced by the intense colds so easily as the more robust parts of the organism, are now making a good deal of complaint in one way and another. One person has something the matter with his lungs, another with his throat, another with his head, and so on through the list.

In many of these affections I have found the *Gelsemium* to act very finely, even in severe coughs, with (in children) a metallic sound somewhat like croup.

One person came to me recently with a very severe cough, accompanied with a good deal of pain in the chest in places, tenderness in the epigastrium with vomiting in the paroxysms. Gave the ordinary remedies for several days without any effect whatever. *Gelsemium* is acting like a charm.

I have had several cases of infantile remittent lately, and have given the *Gelsemium* with uniform and prompt relief. The first case I had promised to be a very severe if not fatal case. The usual remedies had no influence whatever to arrest the disease. *Gelsemium* acted like magic and broke up the fever in a few days. I gave it in the first attenuation. ($\frac{1}{10}$)

I think our professional friends will find the *Gelsemium* a very useful remedy in these affections, many of them growing out of this relaxed and debilitated condition of the system on the return of warm weather at the close of our winters. At any rate, let them observe and report.

For the American Homœopathic Observer.

CASES FROM PRACTICE.

BY H. WIGAND, M. D., DAYTON, OHIO.

FERRUM CARBONICUM — J. Helmstatter, 34 years old, fireman on board a steamboat; enjoyed robust health from youth. Six weeks ago was attacked with severe pain in the right arm, shifting to the left arm, thence to left leg. Several doctors and various liniments had been fruitlessly employed. At my first visit, April 15th, the following symptoms presented themselves: Constant, deep seated pain, like toothache, in left leg; the leg drawn to the thigh; he cannot straighten it; walks on crutches; constant perspiration of affected limb, increased when lying down; general profuse perspiration during sleep; aversion to food; nausea and vomiting after eating; yellow coated tongue; great thirst; cough, with greenish, purulent expectoration; daily paroxysms of chilliness, followed by slight fever; headache and vertigo; has had frequent nose-bleeding; aggravation of all symptoms at night; lost about 50 pounds of flesh; face thin and pale. Took Quinine for the last week. *Pulsatilla* 3d dec. every six hours.

April 16th. Has not vomited. Severe pains in left leg all night and profuse perspiration. Merc. 10 every six hours.

April 17th. Vomited once; pain less; profuse perspiration; cough and expectoration the same. Merc. v. 6th, two grains every six hours.

April 18th. No better. After a careful study of the case prescribed Ferr. carb, 1st trit., two grains each, to be taken at 6, 9 and 12 o'clock P. M. A messenger came for me about midnight. Patient had taken a powder every hour; much worse; severe pains in both legs, which are drawn to the thigh; sweat running from him; increased cough and expectoration. Sach. lact., a powder every half hour.

April 19th. Very weak, otherwise much better; can straighten his legs. Sach. lact.

April 20th. Slept well all night; no pains, no perspiration; coughed very little. Patient continued to improve, and excepting a few doses of China 10, no more medicine was given. About the middle of May he returned to his vessel.

EUPATORIUM PERFOLIATUM.—H. Heiser, blacksmith, aged 40 years, of bilious temperament; has suffered from ague for the last three years. Five weeks the longest he escaped an attack during the last three years. Has taken immense quantities of patent ague medicines, Quinine, Fowler's Solution, &c. According to his philosophy, small doses can have no effect on a man weighing 250 pounds. Every other morning has a severe chill, (no fever) accompanied with vomiting and purging of large quantities of greenish watery fluid; cramps of lower extremities and insatiable thirst.

October 17th. Prescribed Ipec. and Nux v. 3d, to be taken in alternation every two to three hours.

October 19th. Felt comfortable yesterday, as usual; this morning has another chill and vomiting of a greenish liquid, several quarts at a time; frequent stools, green and watery; cramps and terrible thirst; face sunken, like that of a cholera patient. Eupatorium perf. 1st potency, six drops to half tumbler of water, a tablespoonful after each attack of vomiting or purging. After first spoonful vomiting ceased. Prescribed Eupatorium perf. 1st, in drop doses every two hours during the intermission.

October 19th. No return of chill, vomiting or diarrhoea. Continue Eupatorium perf., night and morning, for seven days. No more medicine was given. Continues in good health to this day.

ATROPHIA INFANTUM.—Child of a farmer, twelve months old, never had the breast; is very much emaciated—looks like a little old man; hard, distended abdomen; voracious appetite; alternate congestion and diarrhoea; colic; skin dry and cold. Has been under allopathic treatment for several months; family physician pronounces the case incurable.

Sulphur 10, one dose every fourth day, followed by Calcarea c. 10. Saw the child again fourteen days after the first prescription was made. Great improvement; abdomen less hard and distended; appetite and stools normal. Calcarea c. 300, Sach. l. 12. Two months later the happy mother came to my office to show me her robust, fine looking boy.

For the American Homœopathic Observer.

SORE BREAST.

BY C. C. SMITH, M. D., STAMFORD, CONN.

Mrs. A., the mother of three children, was delivered by me of a fourth child. Labor easy and rapid, everything going on well until the period of the coming of the milk had arrived. When I made my morning visit the third day she complained of severe darting pains in left breast. I made an examination, found the breast extremely hard and very hot, with no secretion of milk. I now learned that previous to that time she had been treated allopathically, and that this particular breast "always inflamed, broke and discharged, and not one of her children would ever suckle that breast."

I thought to myself, here is an opportunity to show this patient the superiority of the new practice over the old, but would I succeed? The mother, confidently expecting a repetition for the fourth time of her former suffering, with the greatest anxiety depicted in her countenance asked me what application she should make to the breast. "Nothing at all, madam," I answered, "we will depend upon internal remedies alone."

I administered five drops of the 3d att. Bell. in a half tumbler of water, teaspoonful every two hours, for one day, to be followed by Bryonia prepared in same way, and same dose, the second day. By the time these remedies were taken the breast was well, milk was secreted, and the mother happy and astonished.

Now comes the most astonishing part: This breast never secreted any milk before, except a very small quantity during the nursing

of the first child, but always broke and suppurated under allopathic treatment. Each of the children alike avoided this breast; this child takes this breast, receives ample nourishment from it, and *prefers* it to the other.

For the American Homœopathic Observer.

CACTUS GRANDIFLORUS.

Dr. GEO. DUHRING says :—What can be done to make our medical brethren *read more* in new books and the journals? I ask the question because I often meet, where it is least thought to exist, with such ignorance among members of the profession (especially the allopathic,) on new topics of the day. Only a few weeks ago I met a bright, busy, talkative, bragging homœopathic doctor, and when I touched him with the word “Cactus,” the new medicine, he looked at me in blank astonishment, had heard nothing about *that* medicine, and thought me joking. The question settled his tongue and left him dumb like a bottle just corked. Why such ignorance? He did not read the journals, did not subscribe to any, thought them of no use. Therefore I am ever trying to wake up the doctors and endeavoring, by shaming them with questions on new topics which they cannot answer, to thus show them their ignorance and induce them to read more the news of the day. And it is because many are just beginning this long neglected duty, I think there will be no harm done in again saying a few words on the already well known (to readers) Cactus subject, and in bringing its marvelous powers before the notice of those members of the profession who are new subscribers to your journal, and I trust there are many such. Indeed, sir, I also hope to aid you in making this remedy so prominent, by proofs and facts, that at least our allopathic brethren, will be driven to the wall and forced to acknowledge its value and use it, thus once again, as they have often done before, learn a lesson from despised homœopathy, and be obliged to receive her gifts and to acknowledge in heart, though not in word or public journal, that we are not a set of ignorant humbugs. Indeed, in one sense, the name of “hum-bug” may be half correct, for homœopathy is getting to be a “*big-bug*” in the medical world, and that bug now hums so loudly that allopaths everywhere get fits by day and the night-mare by nights from its loud and ugly noise.

Often, indeed, I laugh in my sleeve at the way in which, with a little knowledge, I sometimes can upset the conceit of allopathic gentlemen, and prove myself no quack doctor. The other day I said to one of the first physicians: “Well, how many cases have you cured

with Cactus?" "Never heard of that stuff," was the answer. "What!" I replied, "I already number my cured patients by scores." And then I laughed to see his staring look, that told me he thought I lied, (under a mistake). But now he pitched into me. "Have you heard of our new medicine, that is nearly as wonderful a cure, I mean Trifolium." "What," I replied, "I have used that for thirty years." So I carried victory for the flag of homœopathy, and allopathy begged mercy. But we parted good friends, for a good dinner capped the above pleasant talk.

Again, I stopped on one occasion at the first-class drug store of this city and asked for Carbolic Acid. The druggist first looked at me, then got the acid, and in politely handing it over the counter, said: "Well I am glad some physician, at last, wants this new remedy. I will notice your call for it in the journal." "Oh, please do not," I replied, "for I am a homœopathic doctor." "Ah, indeed." He saw the joke and felt the home thrust, for, by telling me I was the *first* to call, he had already acknowledged "we heretics" were wide awake and again in the advance.

But I am digressing from the subject. To return. For the benefit of your *new readers*, I will now state a few facts that have come under my notice since last I wrote to you. Because they are facts, they seem to settle the new remedy as a permanent thing in our list of medicines.

"I will give only a few cases, that will show the wonderful influence of Cactus grandiflorus on the *heart* and its *blood-vessels* "in dissipating their congestions and suppressing their irritations without in the least weakening the nervous system," thus proving the medicine to be a priceless gift of modern science and discovery.

Case 1.—Mrs. C. M., age 84 years. This lady always enjoyed excellent health, but was suddenly attacked, during the night, with intense burning lancinating pains across the chest, emanating from the præcordia, and radiating thence into both sides of the chest, to the right shoulder and arm; they were so severe as to cause crying out and inability to lay down for fear of momentary suffocation; the pulse was very active and quite irregular. I administered simply drop doses of Cactus in mother tincture every half hour for several hours. That produced almost instantaneous relief. The same effect has followed with every return of the paroxysm, until finally, within seven days, she was free from the malady, and felt well and comfortable, with the exception of a general debility and slight numbness in the afflicted parts. The lady is ever praising the wonderful medicine, and keeps some of it, like a charm, by her bedside, to use if needed. Her praises, unasked for, show decidedly that the curative

power of this night-flower is no myth or theory, but a fact and a reality.

Case 2.—Mrs. H., 56 years old, for nearly six years was afflicted with sickness of the stomach and quick fluttering of the heart under any excitement. She spent money on many physicians and used all kinds of allopathic remedies without receiving any benefit or help. I gave her a single dose of three drops of the Cactus in mother tincture, which at once produced relief so decided that the old lady said it acted like a *miracle*. At the beginning of September she received the first dose, and since then has taken sixty doses, always on each return of the palpitation. The medicine has checked and cured the patient.

Case 3.—Mrs. D.'s infant, age two years. The child was suddenly attacked, during the night, with suffocating oppression, without any feverish symptoms. A few drops of Cactus tincture in water, administered every hour, permanently relieved the child at the end of 24 hours.

These three cases of positive cure are sketched from my practice, not to show my success, but to show and illustrate the value of the Cactus remedy. Where cures are so clearly wrought it truly is our duty to investigate the various powers of the remedy and to develop its use by practice, and to make known such success to others, that they may still further spread the benefits of the curing night flower, that so long has been neglected, and admired and valued only for its beauty. Therefore I take the liberty to give to your journal the experience of a practical physician on this subject, wishing that these few remarks will be of benefit to the profession and stimulate others to advance the use of the Cactus, and also awaken those who are yet in ignorance to use their eyes and read the journals, and keep up with the times, and begin the use of the remedy. Again, I rejoice to find the beautiful in nature can also be the useful in science, and with you I rejoice that I have been able to learn, by practice, the value of Dr. Rubini's discovery, and to add my humble testimony to the correctness of his theory and practice; thus to aid homœopathy to keep ahead of the old-fogyism of allopathic unchangeable theories and rules of practice.

C. C. OLMSTED, M. D., reports :—"Mrs. I—, aged about 25; light hair, blue eyes, a very fair complexion; has had a trouble of the heart, of some four years' standing. Previous to that time she suffered a great deal with inflammatory rheumatism. During a severe attack of this disease, of some six weeks' duration, her heart became implicated; but thanks to a good strong constitution, she survived the heroic treatment of the "Regular." Ever since this attack she

has been quite subject to severe paroxysms of pain in the region of the heart, after any cold, excitement or severe exercise. I was called to see her in one of the most severe attacks she ever had. The day before, she had been out to a pic-nic, and coming home they were caught in a storm, and she got quite wet. During that night she was very restless and uneasy, with some fever. All the symptoms increased until the following night. At 11 P. M., I was called; found her sitting up in bed; could not lay down or take a long breath, or utter a whole sentence without stopping to groan, from the severe pain, about $1\frac{1}{2}$ inches below and a little back of the left nipple, and through the left shoulder, extending down the left arm to the end of the fingers; breathing was very difficult; countenance showed extreme suffering; her face was parched, lips bluish, tongue furred white, pulse feeble and quick (120), urine very scanty and colorless; digestion was and had been very good. She said the sensation was as though some strong hand was grasping the heart and would not allow it to pulsate. I gave her six pellets of the 200th dil., waiting three hours before repeating the dose. Wishing to try the effect of the high attenuations, in a severe case, I left some blank powders, to be taken every four hours, until I called again. In the morning, at 9 A. M., I called, and found her lying down, breathing much easier. Could talk very well, saying the pills I gave her done much more good than the powders; pulse was 90, a little more full, and the pain much less; could move the arm much better. I then gave a single dose of the same, 200, with blank powders, as before. In the evening I saw the improvement continued and gave nothing but the blank powders. The next day found she had slept very well, waking up but a few times during the night. I gave another dose (same attenuation) with blank powders. Visiting the case frequently, I saw that improvement was going on from day to day. I gave no more medicine. At the end of a week she was able to be up and around the room, and in ten days resumed her usual household duties. She has not had a return for six months; can endure more than she has done before for a long time. I have been very much pleased with the effects of Cactus in several cases of heart disease. From the effects I have seen it produce, I think it will at least palliate severe cases of Angina pectoris, and perhaps cure recent cases. I recommended the 30th dil. in a case of *Angina pectoris*, not long ago. A single dose was given, and so great was the aggravation that they feared to repeat it. I never use lower than the 30th. The 200th is my favorite. I have never failed to at least palliate the case when they complain as though some one was grasping the heart. How permanent will be the relief, I cannot say. I have only used it some two years. I have not tried it in any other diseases."

STILL PROGRESSING.—Dr. D. W. Young writes to the *Chicago Medical Examiner* against the use of blood-letting in Pneumonia, and says: "It is unnecessary, uncalled for, and can only be justified in very rare cases."

Baptisia Tinctoria.

In *acute Stomatitis* the *Baptisia* has been found promptly curative. Dr. A. Walker of Pontiac, Michigan, reports several cases, occurring in children at a time when Diphtheria was prevalent. The patients were feverish, the mouth hot, red, and on the mucous membrane of the buccal cavity were numerous "canker spots," superficial ulcerations, surrounded by a red areolæ. The breath was foetid, and there was present in every case *profuse salivation*. When possible, it was applied locally to the surface, (20 drops of the tincture to half a cup of water,) and the medicine given in the first dilution every four hours. Every case recovered, while other children in the same neighborhood, attacked in the same manner, died of diphtheria. This would seem to show that the *Baptisia* was a valuable remedy in the first stages of that disease, when the attack commences as above.

Dr. A. M. Cushing, of Lynn, Mass., writes of its use in *diphtheria*: "Miss D., aged fifteen, tall, slim, pale, has never menstruated. Has hot skin, quick pulse, pain in head, breath *very offensive*. Diphtheritic patches on fauces and both tonsils, uvula red and swollen. Gave *Baptisia*, third, a few globules (No. 4,) in half-glass of water, one teaspoonful every hour. 2d day, about the same, breath still *very offensive*. Continue *Baptisia*. 3d day, better; 4th day, better; 5th day, better; 7th day, dismissed. Had no remedy but *Baptisia*, its great indication being the offensive breath, as well as the fever."

Dr. J. G. Wilkinson of London, England, uses the *Baptisia* in Small Pox when the pustules appear thickly upon the palatine arch, the tonsils, uvula, and there is present prostration and a putrid odor from the mouth.

During the summer of 1865, in the city of Chicago there appeared a kind of epidemic of "sore mouth." The patient would be attacked with chilliness, followed by fever; the tongue would assume a red hue on the edges or all over; the gums look red and swollen, and the whole buccal cavity inflamed. The breath would become foetid and there would ensue *profuse salivation*. Superficial ulcers always appeared on the tongue and inside of the lips and cheeks, rarely on the fauces or gums. *Baptisia*, first dilution, internally, together with the local application of a wash, was more successful than *Mercurius*. The disease lasted from five to seven days.

Dr. C. C. Smith, of Stamford, Conn., writes concerning his experience of its use: "Yesterday, Dec. 8th, was called to see a patient whom I found threatened with *typhoid fever*. Excessive drowsiness, pulse 120 and thready, lips parched and cracked, pasty, tongue heavily furred, great thirst, could not give a direct answer to a simple question without his mind wandering, or falling into a deep sleep in the middle of a sentence, great delirium at night, could scarcely be kept in bed, low muttering. Gave 4 drops of *Baptisia*, 1st dec. dil., in half tumbler of water, dessert spoonful every hour. After taking

medicine all night broke out in a gentle perspiration, about 5 A. M. pulse came down and patient fell asleep. I found him quite bright in the morning and perfectly rational in every way, passed urine frequently through the night in very small quantities of a bad odor.

This patient had been confined on the cholera vessel at quarantine, New York."

Æsculus Hippocastanum.

Dr. George Logan says: "I have used this remedy in several cases of hæmorrhoids, with remarkable effect. The cases were of recent origin, (blind piles) a fold of mucous membrane protruding to the size of an ounce bullet. Gave five drops of the tincture every two hours, and used an ointment of the same to the tumor, afterwards returning it, directing the patients to return it whenever it protruded. The first day the effect is not very decided, but in two or three days it is very marked indeed."

Dr. A. A. Bancroft, of De Witt, Mich., reports two cases.

CASE I. The first patient, a lady aged forty-three, had been treated by allopaths and eclectics for twelve years without any relief. Confined to her bed most of the time. Looked more like a dead person than a live one. Had constant pain across the small of her back, with a dragging, bearing down sensation that produced great faintness on standing. Bleeding constantly kept her reduced. Gave her *Æsculus h.* $\frac{1}{10}$, six drops in a tumbler two thirds filled with water, to be taken once in three to four hours during the day. Treated for twenty days and cured.

Aletris Farinosa.

Dr. Silas Jones, of New York, says: "This remedy seems to act admirably during the first months of pregnancy, where there is vomiting, excessive nausea, giddiness, etc., with pain and colic in the hypogastrium, with tendency to abort. A lady in her fourth pregnancy came to me with the above symptoms. She had suffered in this way during the three or four months of each pregnancy, so much as to be obliged to keep her bed a great part of the time, and the third pregnancy was followed by an abortion at about the eighth week. I gave her *Ipecac.*, which relieved the vomiting, but not the nausea and giddiness. It occurred to me that *Aletris* completely covered all her symptoms, and gave her a single prescription of the tincture, to be put in half a tumbler of water, and to take a teaspoonful every two hours at first. It gave her immediate and complete relief. She is now near her full term, in good health, except occasional neuralgic pains. Troubles like the above are frequently met with in practice, and *Aletris* seems to be nearly a specific. As it has not been proved, we need the more, well marked clinical testimony."

For the American Homœopathic Observer.

ASTHMA.

BY PROF. A. E. SMALL.

Mrs. C—, aged 41 years, was attacked with asthma and difficulty in breathing, about the middle of November last. The paroxysms came on at night, and obliged her to sit up, even while she slept.

Ipecac. 3d was prescribed without benefit. Arsenicum was also administered, and yet no relief followed. Lobelia was given, which at first mitigated the severity of the paroxysms, but afterwards it lost its effect. The difficulty of breathing was attended by a suffocating cough and more or less pain in the chest. Gave *Tart. emetic*, *Phosphorus*, *Belladonna*, and various other remedies, as they appeared to be indicated, and yet but little relief was obtained.

She suffered more or less from chilliness and flushes of heat, pain in the chest, and distressing cough, with very little expectoration of mucus, for several weeks. Lachesis 30th removed the febrile symptoms, but did not interrupt the cough or lessen the severity of the asthmatic suffering.

On the 2d of January, 1866, gave Atropine 3d, which afforded decided relief for three days. Her nights became more tolerable. She was enabled to lie down, but after the elapse of a week, the asthmatic paroxysms and suffocating cough, with pain in the head and chest, returned. Bryonia 3d relieved the headache and lessened the cough, but produced little if any effect upon the asthma.

Jan. 20. Gave her Kali hydriodicum, the 1st, and repeated the dose every three hours, for two days; after which the breathing became normal, the asthma disappeared, the patient soon recovered, and has since experienced no return of the difficulty.

Since her recovery she states that she was the victim of a similar attack about ten years ago, and was treated by a Homœopathician, who found great difficulty in curing the malady, but finally succeeded, by an aqueous solution of the crude Kali hydr. obtained at the druggist's.

CASE 2.—A little boy, son of a respectable merchant of this city, was taken sick in September last, with catarrhal fever, which was followed by acute asthma, a suffocative cough and general emaciation. He manifested great impressibility to cold, and although able to keep about most of the time, his breathing was labored, and at night particularly distressing. Whenever he slept, his respiration was asthmatic and more or less stertorous. He continued in this way until February of this year, when, from a sudden cold and catarrh, all his symptoms seemed to be aggravated. His breathing was more difficult; his cough was worse, he had considerable fever. Various remedies were given him, in the early stage of the disease, which often ameliorated his sufferings without removing the disease.

On the evening of the 27th of February he was violently attacked with croup, which threatened to prove speedily fatal. An Allopathic physician being the nearest at hand, was called upon to prescribe for the case. An emetic was ordered; 24 leeches were applied to the throat; but all the vomiting and depletion did nothing towards relieving the boy. After an elapse of several hours he came under our treatment. Biniodide of Mercury, third trituration, was prescribed, to be taken in water, every thirty minutes. The third dose was followed by discharges from the mouth, of sanious fluid and false membrane. Immediately after, the respiration became normal. There was neither asthma, croup or catarrh, after an elapse of thirty-six hours, and what is still more satisfactory, there has been no return of either, and the little fellow now seems to be in the enjoyment of sound health.

Cimicifuga Racemosa.

A lady of 65 years of age, who had remittent fever two years ago, followed by an inveterate intermittent, which was rendered intractable by over-doses of Quinine, asked for treatment. The following symptoms were most prominent: Unrefreshing sleep, impossible to lie upon the left side; very severe pain in the small of the back, worse when standing up; distress in the stomach; no appetite; constipation. After using for a short

time *Cimicifuga* tinct., three-drop doses, three times a day, she reports that she can lie well on either side, has a good appetite, no stomach ailment, bowels move regularly, and pain in the back reduced to a slight distress.

Surgery.

For the American Homœopathic Observer.

PARACENTESIS THORACIS.

BY JOHN ELLIS, M. D.

This is no new operation, as, according to fable, it had its origin in the despair of Phaleas or Jason, who seeking death in the midst of battle, was relieved of an empyema by the thrust of a lance. In Greece, in the days of Galen, it was performed by thrusting a red hot iron through the walls of the chest. At the time of Hippocrates an opening was made by the knife through one of the lower inter-costal spaces. The Arabs and Romans also resorted to this operation, sometimes perforating the fourth rib by the means of a trephine, that they might plug up the opening, and thus prevent the too rapid escape of the fluid. This operation, after having been freely and unhesitatingly performed for generations, finally fell into disrepute, and was scarcely recommended by any one. Although various attempts were made to revive it, still it was not until within the last two centuries that it again came to be regarded as a legitimate and proper resort in cases of empyema.

It is especially in regard to the propriety of paracentesis for the removal of collections of fluid in the chest which result from sub-acute, chronic, or latent pleurisy, that the writer proposes to speak; for he is satisfied that patients not unfrequently die when they should not, or are physically disabled, owing to its unnecessary performance. When the pleura is immensely distended by fluid, the intercostal spaces pressed out, the liver perhaps forming a tumor in the abdomen, the mediastinum and

heart crowded toward the opposite axilla, and the whole side greatly enlarged; and especially when, as in a case which the writer has recently attended, there are well marked pointings of the within fluid, the temptation to plunge in a trocar or lancet, and to witness the flowing fluid and immediate relief, is very great. The operation is so simple and the eclat to be derived from having performed it is so grateful to a man who is not destitute of vanity, that it is difficult to keep "hands off." I do not question but that an imperfect recovery sometimes follows the operation, although the cases which have come within my own observation, where it has been performed, have terminated fatally within from a few weeks to a few months. M. Velpeau declared that he has either performed or seen it performed twelve times, in the hospitals of Paris, and every one of the patients died. But other surgeons claim to have had better success, and it is certain that patients do sometimes live many years, but generally they are, sooner or later, worn out by the constant discharge from a fistulous opening, even when they are not sooner destroyed by suppurative inflammation and hectic fever, or more rapidly by a low form of fever resulting from the decomposition and absorption of the fluid.

I well remember a beautiful young lady in the city of Detroit, whom I was requested to visit several years ago, upon the supposition that she was suffering from neuralgia of the chest, which her allopathic physician was unable to relieve. Inspection, percussion and auscultation, soon made it evident that one side of her chest was full of fluid, the result of sub-acute pleurisy, and that the patient was in a critical situation, instead of suffering simply from a neuralgic affection. The parents of the young lady were not prepared for such a serious diagnosis, and were not ready to trust homœopathic treatment, but decided to call in other allopathic physicians. I expressed the opinion to them that under homœopathic treatment, and without an operation she would recover with perhaps some deformity, but that under allopathic treatment, especially if an opening were made, she would die. She was treated allopathically, and after a time an operation was performed, and she died. Under homœopathic treatment alone, perhaps

aided by cold water, judging from my past experience, I have no reasonable doubt but that she would have been cured.

“But,” inquires the reader, perhaps, “in a case of empyema, when one half of the chest is filled with pus, would you expect it to be absorbed; and if not, would you refuse to allow it to escape by operating in the most approved manner, carefully avoiding the admission of air?” If in a given case I knew the fluid to be genuine pus I might operate, but unfortunately we can rarely, if ever, before the operation, be fully satisfied that the fluid is pus. Fortunately, when the fluid results from simple pleuritis, and there is no opening through the bronchia or thoracic walls communicating with the air, it, to say the least, very rarely happens that the fluid is pus. It is almost always a whitish, greenish or yellowish serous fluid, containing more or less albumen, and shreds and flakes of lymph; and abundant experience has shown that such a fluid can be readily absorbed without injury to the system. I am satisfied that it rarely happens that a persevering use of carefully selected homœopathic remedies, aided by a cold wet compress over the side, well covered with several thicknesses of dry flannel, so as to exclude the cold air, and changed two or three times a day, will fail to promote the absorption of the fluid. Whereas if an operation is performed, however carefully it is done, more or less air is quite sure to be admitted; and, although the air itself may not materially harm the serous membrane, it will cause rapid decomposition of the fluid, and the putrid matter may either be absorbed and poison the circulating fluids, or, by irritating the serous membrane, it may convert the whole sac into one vast suppurating surface.

It would seem then that this operation should rarely, if ever, be performed; perhaps never except to avoid impending suffocation, or when it is quite certain that the collection will very soon be discharged spontaneously if it is omitted; and as it is often difficult to say with certainty whether it will break or not if let alone, and still further, as it is a question whether the free opening which will be likely to result if it does, into which tepid water can be freely injected so as to wash out and allow the decomposing fluids to escape, will not be quite as

well for the patient as any attempt to make an artificial opening with the hope of excluding the air, it is perhaps quite as safe to omit the operation in either case.

After a patient examination of surgical and medical works, a few weeks ago, the above was about the conclusion to which I came, in view of a little patient now under treatment, who came into my hands, from Allopathic treatment, about two months ago. She had had the measles about ten weeks before I saw her, and they were followed by a cough and pain in her side, chills, fever, night sweats and emaciation. I found her unable to lie on her left side, with immobility of the right side during respiration, with dullness on percussion, absence of respiratory murmur, and of vocal resonance and jar. The intercostal spaces were pressed out, and about an inch above and a little to the left of the right nipple; the walls of the chest were bulged out, forming a large, distinct swelling, which was rendered tense by coughing, with slight but manifest external fluctuation; the fluid also seemed to be pointing in the lower portion of the chest, between two of the lower ribs. For a week or ten days it seemed as though it would be impossible to prevent the spontaneous discharge of the fluid. But by persevering in the use of remedies, aided by the wet compress, as described above, I have had the satisfaction of seeing the swellings gradually abate, until at present the upper portion of the chest is quite resonant, with a return of the respiratory murmur, and an ability to lie upon either side. All hectic symptoms have disappeared, her cough has nearly ceased, her appetite is good, and she is rapidly gaining flesh and strength. If we were to admit the necessity of operating in such cases, it would be difficult to find a case where the indications for operating would be more decided, and the necessity for its prompt performance apparently more urgent than in the above. I have seen one side of the chest more distended by fluid, but never such marked pointing as in this case. It would be difficult to imagine a greater degree of distention of the walls of the chest than I have witnessed in one case. In still another case, the contraction of the side, which resulted after the absorption of the fluid, caused a degree of deformity which is

very marked as the gentleman walks the streets. This gentleman sought an examination by a distinguished auscultator in New York, while on a visit here a few years ago, who assured him that he had good cause to feel thankful that he had escaped as well as he had; yet these cases, and several others which I might name, were relieved by homœopathic remedies, aided by wet compresses.

I hardly intended to speak of the particular remedies used, yet perhaps it might be well to simply allude to them.

To promote the absorption of the products of a recent inflammation of the pleura, especially if the inflammation has been of an asthenic character, *Bryonia* and *Sulphur* have been more frequently required than any other remedies, and I have had occasion to give them from the 200th or 30th dilution down to the prime tincture, sometimes in the same case, before the disease was cured. When there has been a good deal of bronchial inflammation, with a severe cough, *Phosphorus* has sometimes been useful. If the disease has been of an asthenic character, with great debility, especially if the countenance is pale and the blood thin and watery, *Arsenicum* has been especially efficacious, and this remedy has also been very useful in chronic cases, or those of long standing. If there has seemed to be a dropsical tendency, with puffiness of the face, either *Digitalis* or *Apis* have sometimes been required, in addition to *Arsenicum*. In scrofulous cases *Kali carb.* and *Iodide of potassium* have been important remedies. I have rarely had occasion to use any other than one or more of the remedies already named.

One of your correspondents says: "I never use an old remedy when a new one is indicated." I can say that I never use a new remedy when an old one is indicated. A new friend to take the place of an old one must show *superior* claims to my attention.

Again, if I am satisfied that I have selected the right remedy, and it fails to relieve the symptoms in any given case of disease, instead of running off after some other remedy, new or old, less closely indicated, I simply change the dilution, going from the low to the high, as the case may be. The high

dilutions will often cure when the low fail, and the low dilutions will sometimes cure when the high fail.

For the American Homeopathic Observer,

Cases of Traumatic Gangrene and Their Treatment.

BY W. JAMES BLAKELY, M. D., BENZINGER, PA.

The following are some of a large number of similar cases, all of which have been treated according to the same plan as those reported. They are not quoted on account of any special interest attached to them, but as a means of reference to the treatment adopted. I am not aware that the course pursued in the cases of this disease which have fallen under my care varies materially from that adopted by the physicians of our school, but the uniform success which has, in my practice, attended its exhibition, leads me to report it, in the hope that it may, at least, benefit some of the junior members of the profession, situated, perhaps, similarly to myself. Being, to a certain extent, a pioneer of homœopathy, settled in a region of country where it was almost unknown and not at all understood until my coming, with not a homœopathic practitioner within a hundred miles of me, I have been deprived of that great source of pleasure and instruction—conversation with physicians of our own school. Medical intercourse and association I have had with allopathists, with whom I have always been on the kindest terms of professional intimacy, but *timeo Danaos et dona ferentes*. I have thus been obliged, in the treatment of disease and cases of a surgical nature, to depend upon myself, assisted only by those welcome visitants, the medical journals. My treatment has thus, in some instances, become rather of a stereotyped nature; but, although by no means an advocate of routineness, I see no reason for changing it so long as it effects the object in view.

In the treatment of wounds I now invariably apply the *Calendula*, giving it also internally, if some other remedies be not more strongly indicated. If practicable I envelope the wound in cotton saturated with the strong tincture, having but seldom seen beneficial results attend its use when applied in a diluted

form, as for instance five or ten drops to a pint of water, a preparation frequently used, as appears from reports in our journals. With this course I have never been disappointed, it having always produced the most satisfactory and even brilliant results. In the treatment of traumatic gangrene I cannot too highly praise the preparation known as the yeast poultice. It has been my custom, when this condition ensues, to apply the poultice, stopping at the same time all other external applications, and to continue it, with appropriate internal treatment, until amendment takes place. Its effect is salutary and can speedily be perceived, and while it seems to exercise a specific influence upon the disease, it assists in the separation of the slough and in promoting a healthy action of the parts. When traumatic gangrene occurs in persons of scrofulous constitutions I have sometimes, and with excellent effect, applied externally *Iodine* ten drops, *aqua tepida* five ounces, by means of cloths saturated with the lotion. When the disease is accompanied by great fetor the *Chloride of Lime*, from its disinfecting properties, becomes an excellent application, though in most cases the yeast poultice will be found sufficient. With regard to internal treatment the range of remedies applicable to traumatic gangrene is at best not very extensive, but even of these the cases which I have seen have required only a part. I have, up to the present time, in *Arsenicum*, *Lachesis* and *Iodine*, found all that I desired. The two former I use in the 30th attenuation, and the last, generally in the 1st or 2nd dec. From the higher preparations of *Arsenicum* and *Lachesis* I have seen more decided effects than from the lower which I formerly employed, and in the next case in which I administer *Iodine* I shall also prescribe a high preparation.

CASE 1.—On the 21st of December, 1862, I received a note from an allopathic physician requesting me to visit Herman S., a patient of his, suffering from gangrene involving the right foot and ankle. He informed me that the case was one of long standing, and that he wished my opinion as to whether amputation was necessary, adding that if on seeing the case I thought it could be cured he would willingly pass it over to me, but

that if my opinion should be unfavorable, he wished me to assist him in the operation and afterwards take charge of the case. I found the patient in bed, debilitated and emaciated from long confinement and the severity of the disease. A line of demarcation had been established, below which the limb was one mass of gangrene, the bones exposed and the foot black and dead. During the course of the previous winter he had suffered from a similar attack, (both having been produced by exposure to intense cold while laboring on the railroad) in which the toes had sloughed off, the limb healing *sponte sua*. There was ankylosis of the knee, the limb having been always retained in a flexed position. I dispatched word to the gentleman having charge of the case that, in my opinion, amputation was the only resource. The next day we removed the leg at its middle third by the flap operation, and the patient passed into my hands. Dilute *Arnica* and cold water were the only applications made to the wound, (I was not then acquainted with the virtues of *Calendula*,) which progressed favorably until the end of the second week, when gangrene attacked the stump, involving the extremities of the bones, several pieces of which I removed. I now administered *Arsenicum* 60 and *Iodine* 10, alternately, every three hours, and applied dilute Iodine to the stump. The effect was prompt and permanent. In a week all appearances of gangrene had disappeared, and the case terminated favorably, the patient being able to use an artificial leg within eight weeks from the date of the operation.

CASE 2.—Frank H., aged about eighteen years, received a compound fracture of the forearm, involving the ulna at its upper third. The patient had been coupling cars, and the accident occurred by his arm getting between the bumpers. The wound was large and lacerated, and was accompanied by considerable venous hæmorrhage. Applied *Calendula* to the wound and splints and dressings to the fracture. On the second day after the accident, I found the arm much inflamed and swollen, though the patient complained of no particular pain. From its appearance I concluded to dispense with the splints, which I had applied, in order to be able to treat the wound more advantageously, and which I again dressed with *Calendula*.

Dec. 24th.—Arm covered with large serous blisters; granulation commenced; wound puffed and emits a foul odor; patient feels comfortable. Applied *Calendula* to the arm and gave *Arsenicum* 6 and Iodine 1, alternately, every four hours.

Dec. 28th.—Arm swollen and livid; fresh blisters; very bad odor from wounds; gangrenous. Applied a yeast poultice, and gave *Arsenicum* 6 and *Lachesis* 6, alternately, every three hours.

Dec. 30th.—Arm and hand less swollen and softer; wound puffed, but emits no smell; arm less livid and blisters healed; wound discharges very much. Continued poultice and gave *Arsenicum* 12 and *Lachesis* 6, every three hours, alternately.

Jan 4th.—Arm still better; no smell from wound, which still discharges; fracture uniting. Applied Arnica lotion to the arm and gave *Arsenicum* 12, every three hours.

From this date the patient made rapid progress towards recovery, and at the end of six weeks from the date of the accident, was quite well, the fracture having united without deformity.

CASE 3.—Peter S., a boy aged ten years, while playing on the railroad, kicked a wedge from under the forward wheel of a coal car, which being at the time on a descending grade, started, caught the boy by the left foot, and threw him down. The flange of the wheel, passing along the leg, completely denuded its outer side of integument and muscles. A physician was called, who said the wound required “drawing,” and applied a *Burgundy pitch plaster*, to effect his purpose. Three days after he decided that amputation was necessary, but a gentleman connected with the road refused to allow the operation, discharged the physician and sent for me. Through his kindness I was taken down on an engine, (the place being distant from any station,) a privilege, however which I enjoyed but once more.

I found the outer side of the leg, from the knee to the ankle, completely denuded and gangrenous. No bones, however, fractured. I enveloped the leg in a yeast poultice, administered *Arsenicum* 6, every three hours, and ordered beef tea and

milk punch. On my second visit, three days afterward, the leg appeared more natural, the gangrene having almost disappeared. I continued the *Arsenicum* 6, but applied *Calendula* instead of the poultice. After this my visits ceased. No trains stopped at or near the place, and, having shortly before resigned my position as surgeon of the road, I was not in a position to ask for favors. The case, however, progressed well. The father came to me for medicine and applications, and I had hopes of saving the leg, although not able to see it. A new complication, however, set in; the boy persisted in flexing the limb upon the thigh and retaining it in that position, notwithstanding my orders to the contrary. The consequence was a perfect union between the leg and thigh. After this another physician and myself visited him, and after a careful examination, concluded to amputate, which we did at the upper third of the thigh. The boy is now walking on crutches.

CASE 4.—J. M., about three weeks ago, in coupling cars, had the forefinger of the left hand badly crushed. It was almost pulpified, the middle phalanx fractured in two places and comminuted. He insisted on having it amputated, having been sent to me for that purpose by a gentleman who had seen me remove a finger injured in the same way. I, however, decided to save it, if possible, and having reduced it somewhat to shape, enveloped it in cotton saturated with *Calendula*. For the first week all went on well, but at the end of that time I discovered gangrenous spots making their appearance, the finger at the same time emitting a very bad smell. I gave him two doses of *Lachesis* 30th, to be taken six hours apart, and applied a yeast poultice to the wound. On the second day after, the gangrene had disappeared, and I again resumed the *Calendula*. The finger is now well, and, with the exception of a scar, as comely as before.

CASE 5.—Mary C., aged eight years. This patient (my first of the kind) had thrust her hand between the knives of a "cutting-box," which her brother was working at the time. The thumb, middle, second and fourth finger, were severed, the thumb and fourth finger at the first articulation, the second

and middle fingers at the second. The parts were connected by a mere shred of integument. Having replaced them by sutures and adhesive strips, I applied dilute arnica. The case progressed well, until during the course of the second week after removing the dressings, I discovered that gangrene had set in and already made considerable progress. I now made constant applications of pounded ice and succeeded in saving the thumb and forefinger; the fourth finger sloughed off at the point of its severance, the first articulation, and the middle finger, singularly, healed nicely where it had been severed (mid. artic.) and sloughed off at the first articulation. With these exceptions, the use of the hand is perfect.

I add this case to the others, not as corroborative testimony to my mode of treatment, but rather the reverse. Had I treated it as I have late cases, I feel confident the hand would have been preserved intact. The application of ice or of cold water to inflamed or gangrened parts cannot, I think, be too highly deprecated. The ice I applied on anti-pathic principles, considering the condition of the parts and the month, which was August, and intensely hot. I now think that had I applied only hot water, the result might have been much more favorable.

In conclusion I will say (if an excuse be necessary for writing what perhaps many already know, and no doubt better than I,) that *professionally* I am isolated, having but little opportunity of learning the extent of the knowledge of others, and that the course of treatment I have followed in traumatic gangrene has been so entirely successful that, perhaps, some may read the report of it with profit.

NITROUS OXIDE GAS AS AN ANÆSTHETIC.—Bushrod W. James, M. D., says: "I have found this agent a safe and expeditious one for surgical use, and attended with fewer unpleasant symptoms from its anæsthesia, than that of either chloroform or ether. I presume I was the first to try its properties as such an agent, among the Homœopathic surgeons. I hope others will make use of it. I think they will find it satisfactory."

Miscellany.

For the American Homœopathic Observer.

THE HIGH DILUTION THEORY?

DR. E. A. LODGE, *Editor of Observer*—*My Dear Sir*: I wish to respectfully object to an expression used by Dr. Hempel in his courteous review of my Essays, in the *American Homœopathic Observer* for March, 1866. "The high-dilution-theory," "the tenacity with which * * * * cling to the theory of the so-called high potencies," are phrases used by Dr. Hempel.

I am not aware that there is any "*theory*" in accordance with which high potencies are used or recommended. The evidence cited in my Essay show shows that those who introduced and those who now use the high potencies, were led to do so by the successful results of experiments, in the course of which they passed gradually from the use of low potencies to the use of higher and still higher ones.

Hahnemann at first, and for years, used low potencies. He gradually increased the degree of attenuation to avoid what he regarded as medicinal aggravations. Coming in this way to use of moderately high potencies, he thought he derived from them, in some cases, good effects which he had failed to get from lower potencies of the same drug. Striving to account for this apparent superiority of high potencies over lower ones, he abandoned what is known as the "*dynamization theory*." But this "*theory*" was *based* on experiment; on observation of the action of high potencies. It was not an *a priori hypothesis* which led to the use of high potencies.

In the same way Bonninghausen gradually felt his way to the employment of high potencies.

So, likewise, Dr. Wurmb of Vienna, and his colleague and successor, Dr. Eidherr, who were (if I should use Dr. Hempel's phraseology) "partisans" of the low potencies, began comparative experiments with different potencies, with the avowed object of demonstrating the superiority of the low potencies. But the published result of their careful experiments, carried on systematically for ten years, proved, as they expressly state, the superiority of the higher potencies in the disease under observation (pneumonia.)

I state these things in the Essay on High Potencies which Dr. Hempel reviews in a kindly spirit, but which I dare not

flatter myself he has carefully read. I there state, moreover, that I began my own practice with *low potencies*, and that, notwithstanding abundant evidence of the superiority of high potencies, I came very reluctantly to the use of the latter, being led thereto by experience, and in spite of my theoretical prepossessions against them.

In recent numbers of the *British Journal of Homœopathy* and of the *London Monthly Review*, Dr Madden and others state, as the *result of their observations and experience*, that in certain affections Nitric-acid 30. cures, while Nitric-acid in lower potencies fails; that Chamomilla 12 acts where Chamomilla 3 is inert; and the same is stated of many other drugs; that China 30 “in many cases, cured intermittent fever after lower dilutions, and even massive doses, had failed.” (*L. M. R.*, Feb., 1866, p. 112.)

No “*theory*” led to these experiments. Probably no one of all who have written on the subject adopts Hahnemann’s dynamization-theory. Yet the philosopher is called upon to *account for* the action of high potencies in cases where the low have failed. And Dr. Dudgeon, who, assuredly, is what Dr. Hempel might call a “partisan” of the low potencies, admits that the question is by no means free from difficulties, and is not to be summarily dismissed, as some of the massive-dose men would have it. (Lectures on Homœopathy.)

I object then to the allegation of a “theory” as the basis of the use of high potencies. Every one who uses these potencies and so far as my knowledge extends, bases his use of them upon experience, and is without any well-defined theory of their *modus operandi* as contrasted with low potencies.

I have stated that all whose names I have cited as advocates of the higher potencies, did previously use, exclusively, the low potencies. This was my own case. Obviously, then, I would not for a moment intend to deny or disparage cures made with the low potencies or with massive doses. But I *did* call attention to the fact, as attested not only by Hahnemann, but also Wurmb and Eidherr, that cures with the high potencies are more prompt and are less frequently attended by unpleasant complications. Whoever will do me the honor to read my essay will notice that I was careful to express my views in very guarded and moderate language, writing as follows:

“Experience shows, that while the majority of cases, both acute and chronic, are cured more speedily by the high than by the low potencies, yet in some cases the converse is observed. No explanation of the difference has been offered,

nor can its occurrence be foreseen in any case. While, therefore, the presumption in every case, being in favor of the high potencies, the treatment should be *begun* with these; nevertheless, should no favorable result ensue, recourse should be had to lower potencies, provided always there be a reasonable certainty that the remedy has been rightly selected." "The question whether the high potencies are more generally successful than the lower, and in what proportion they are so, is yet to be determined by statistics drawn from methodical experiment."

Is this the language of a "partisan" who refuses to believe that low potencies cure?

In the other essay which Dr. Hempel reviews, I aimed to show that the teachings of the most advanced pathologists of our day leads directly to practical conclusions, to which Hahnemann's great sagacity brought him fifty years ago, when pathology was hardly known.

Setting no great store by Hahnemann's philosophy, I do confess to a most sincere and hearty admiration of his practical sagacity, and an earnest reverence for his unrivalled powers of observation. Upon his practical rules for treating the sick was set the seal of an unequalled success. Those who, coming after him, have faithfully followed those rules have achieved a corresponding success. And I conceive that to be no unworthy ambition (in one of my tender years) which urges me to emulate such a success as Hahnemann achieved, by following the methods which he has taught. If, while still "in the leading strings of my homœopathic childhood," I am, as Dr. Hempel encourages me to believe, "going through the same struggle" through which he has passed in going "beyond Hahnemann in the cultivation of homœopathic science," I earnestly hope that, when at last I shall have reached Dr. Hempel's age, and attained that position "beyond Hahnemann" which he occupies, I may be able to *justify my assumption of this exalted status* by an exposition of my doctrine as strong and as convincing as Hahnemann's organon was; by a materia medica as pure, as original and as helpful as Hahnemann's was; and by a success in curing disease (quickly, safely and pleasantly,) *as far superior to Hahnemann's* as Hahnemann's was to his allopathic colleagues! On this *practical test*, and on this alone, should I dare to rest a claim to have covered by a "glorious superstructure" the "corner-stone" which Hahnemann laid! "*So mote it be.*"

CARBOLL DUNHAM.

New York, March 12, 1866.

For the American Homœopathic Observer.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

This organization, on account of its age, the character of the men identified with its history, and the fact of its being the national body representing American Homœopathists, should occupy a high rank among the medical Institutions of the world.

That it *does* stand high, we admit, but we do not think its position as such as its national character demands. As it stands it does not afford a true criterion of the *past* of Homœopathy, or of the greatness of the *future* of our school. Its sphere of usefulness has not been enlarged from year to year, nor have the transactions of the body increased in value and importance. The American Institute was organized over twenty years ago. It was to meet every year in some important city of the United States. It was expected that the published Transactions of the Institute would make a volume which would be of practical importance to its members and the profession at large. How has it been? With the exception of the volume entitled "Materia Medica of American Provings," composed of the Transactions of two years of the Institute, we have nothing of any real value emanating from that body! There must be some reason for this lack of useful material. It is for the interests of our school, in this country, that we inquire into the causes of this failure. Is it in the character of the men who have made up the society? Some of the very best minds in our school have acted with the Institute, and we see the imprint of their talents in some of the published papers. But they have been weighed down by others, who have been dead weights to the society for the last ten years. This, however, is not the real cause of the disparity between the real status of the Institute and what it ought to be. Is it in the manner of its organization? It will be recollected that the Institute is composed of members from every State, who voluntarily become such, and attend the sessions of the body when it is convenient for them to do so. At some of the sessions, therefore, the members are composed of representatives of four or five only out of the thirty or more States and Territories of the Union. But few of the Committees appointed at previous meetings ever give full reports on the subjects allotted to them, and many never report at all. As a consequence, while every Homœopathic physician should have upon his library shelves bound volumes of the Transactions of the Institute, containing valuable reports on Materia Medica, Practice, Surgery, Medical

Botany, etc., etc., the only respectable volume obtainable is the one above named !

What is the remedy? In our humble opinion it is for the next meeting of the Institute to adopt the Report on Reorganization, presented at the last meeting, and ably supported by its Chairman, Dr. I. T. Talbot, of Boston. The main idea embodied in the Report was that the Institute should be a *delegated* body. We believe the time has come for the change to be made, which shall elevate the Institute to the dignity of a National Representative Congress, composed of delegates from State, County, City and District Societies ; also from Colleges, Hospitals, Dispensaries and Journals. To make the scheme complete and grand in its scope, next in order to the parent society should come the Western Institute, (already organized,) an Eastern, a Southern, and a Pacific Institute ; after which come the State and other organizations. In this way the representative men of the profession would be sent to the National Organization, and the result would be such as would shed lustre upon the Homœopathic school in this country and its Transactions would soon compose an Encyclopædia of Homœopathic medicine and its collateral sciences.

In order to make room for more valuable matter, we would have the business proceedings contracted or abridged to the smallest possible space, and all wrangles and stickling for unimportant parliamentary rules, should also be unceremoniously *abridged*. The Constitution, By-Laws, etc., should be printed in a separate volume, and never again appear in the Transactions.

Another important reform is not less imperative, namely, in the character of the Annual Addresses. If they are a necessary evil, let us put them to some practical use. We are informed that the yearly addresses, in great numbers, lie in dusty nooks in the offices of the previous Secretaries of the Institute. The reason is evident. The time for so-called popular addresses, by which to aid in the spread of Homœopathy, has gone by. It is a fact patent to every practical, observing Homœopathic physician, that people do not become converts to our system by reading such productions. They care little or nothing for principles and doctrines. The main and only question is, and will ever be : *Is the practice successful?* The annular address before the Institute should be written upon some practical subject connected with medicine ; an elucidation of some point of importance connected with the future prosperity and progress of Homœopathy. If the orator wishes to write an address for popular reading, let him

embody in it such *facts* and *statistics* as will carry conviction to the minds of the readers, but an address of fulsome laudation of our own school, or denunciation of opposite systems—*never*.
AMERICUS.

For the American Homœopathic Observer.

A FEW SUGGESTIONS.

The coming season is likely to prove one of great interest to the medical profession. Conventions, Associations and Institutes are destined, probably, to be the order of the day. Several of our large cities will doubtless be visited by formidable delegations of the “*leading doctors*” of the country, and it will be incumbent upon the resident physicians of those cities to furnish all necessary accommodations. Allow me, therefore, to give the gentlemen who are to have these things in charge a few words of advice, based upon a pretty extensive experience in visiting all sorts of medical conventions.

In the first place, you are to avoid the regular meetings of the association as much as possible, lest the members might think your medical business was very small. As you are to provide for the wants of the convention, remember that a good hall is of the least consequence. Anything will do in that line, no matter how hot or noisy. But it is a prime necessity that you have on hand a stock of wine, beer and cigars, which on all possible occasions you are to press upon the members. If you have any public institutions take the members to view them, and supply them with all necessary eatables and drinkables, and you may rest assured that they will report favorably, of your liberality at least.

In short, keep the convention on the move, sight-seeing. Give them only short forenoons and brief afternoons for business. It is of more importance that they spend the time looking at your city, your offices and fine residences. Close up the whole affair with a grand banquet that will be sure to cost you more than the sustaining of a first-class medical journal for one year. Finally, as the entertainment is yours, it is expected that you will figure pretty extensively in all reports of proceedings. Let it appear that you made all the leading speeches and responded to all the principal toasts, as it will redound to your credit when it comes out in your city papers. I might mention other points, but they are secondary. It matters little how meager a volume of reports is gotten up, how few discussions are held, how little is developed in a medical way. It is the chief thing that you show the convention that you know how to have “*a good time generally*.”
MEDICUS.

Book Notices, etc.

THE NEW ENGLAND MEDICAL GAZETTE; a monthly Journal of Homœopathic medicine, surgery, and the collateral sciences. Edited by H. C. ANGELL, M. D. Published by the N. E. Medical Gazette Association.

This new candidate for professional support is a neatly printed and well edited octavo of 24 pages, published monthly, at \$2 per annum.

TEXT-BOOK OF MATERIA MEDICA, by A. Lippe, M. D. Philadelphia: A. J. Tafel, Publisher.

The first part of this valuable work has been recently issued, printed clearly, on good paper, 144 pages octavo, at \$1. The whole work is to be completed in five parts, and we hope our readers generally will subscribe for it. We will supply "*Lippe's Materia Medica*," and "*Hale's New Remedies*," at \$1.75 for one part of each.

NEW REMEDIES; their pathogenetic effects and therapeutical application in Homœopathic practice; by Edwin M. Hale, M. D., Adjunct Professor of Materia Medica and Therapeutics in Hahnemann Medical College, etc., etc. Second edition, *revised and enlarged*. Part I.

The first part of this work, just issued, contains the following remedies:—*Æsculus glabra*, *Æsculus hippocastanum*, *Agave americana*, *Aletris farinosa*, *Alnus rubra*, *Ampelopsis quinquefolia*, *Apocynum cannabinum*, *Apocynum androsemifolium*, *Aralia racemosa*, *Arum triphyllum*, *Asarum canadense*, *Asclepias incarnata*, *Asclepias syriaca*, *Asclepias tuberosa*, *Baptisia tinctoria*, *Cactus grandiflorus*.

As the work has been entirely re-written and enlarged, adding some twenty remedies, it will be useful to those who have the first edition. As the work is published by us, we shall let words of commendation come from others.

Regarding the first edition, Prof. Hempel wrote, for preface to volume I. of his *Materia Medica*: "Before this second volume had left the press, Dr. Hale's 'New Remedies' were given to the American profession as a welcome addition to our *materia medica*. To the numerous expressions of gratification with which this work has been received by the physicians of our school, I am happy to add my own feeble accents of praise, and my warmest wishes that the diligent

research and industry displayed in Dr. Hale's volume, will be met on the part of our profession, by a most attentive perusal of its pages, and a careful appropriation to the wants of the sick, of the many valuable facts and suggestions presented by the author."

Special Notice.—All provings, clinical cases, etc., relative to the new remedies, after the letter E, if sent in soon, will appear in the second edition. *Second part will appear in May.*

THE DAILY POST.—An excellent newspaper, the publication of which was recently commenced at Detroit, under the editorial leadership of Carl Shurz. The following features will commend themselves to our fraternity: *Quack medicine advertisements are excluded*, the leading editorials appear in large type, showing that eyesight is valued; the form is octavo, (eight pages, 15x22 inches.) The publishing company have a capital of \$100,000, and under able control it will doubtless be a decided success.

BOND-STREET HOMŒOPATHIC DISPENSARY, NEW YORK.—This institution; under the management of its founder and manager, Otto Fullgraff, M. D., aided by a corps of well qualified assistants, is still prospering. During the year ending Feb. 1, 1866, 24,086 cases were treated, 41,160 prescriptions given, 8,123 out-door visits made, with a mortality of 70 only.

The work is a noble one and we are pleased to find that it is receiving liberal support. The State of New York contributes \$1000 and the same amount is appropriated by the city, and over another thousand dollars by private individuals, in subscriptions of \$25, \$20, \$10 and \$5 each.

SOCIETIES—WHEN AND WHERE THEY MEET.—1866.

Miami Homœopathic Medical Association meets at Dayton, Ohio, May 3d, 1866

The "*Canadian Institute of Homœopathy*" convenes at Hamilton, Wednesday, May 9th, 1866.

The "*Illinois Homœopathic Association*," at Chicago, May 16th.

The "*Western Institute of Homœopathy*" at Cleveland, on Wednesday, May 23, 1866.

The "*American Institute of Homœopathy*" at Pittsburgh, on Wednesday, June 6th, 1866.

Pennsylvania Homœopathic Medical Society, first meeting at Pittsburgh, Tuesday, June 5, 1866.

The "*Homœopathic Medical Society of Ohio*" at Columbus, Tuesday, June 12th.

The "*Michigan Institute of Homœopathy*" at Detroit, on Tuesday, June 19, 1866. EDWIN A. LODGE, M. D., *Secretary*.

The "*Massachusetts Homœopathic Society*," Annual Meeting, Wednesday, April 11, Semi-annual Meeting, Oct. 10.

The *North-Western Prover's Association*, on Friday, Nov. 13, 1866, at———. J. CATION DUNCAN, M. D., *Rec. Sec.*

The "*Homœopathic Medical Society of Wisconsin*," at LaCrosse, Wednesday, Nov. 21, 1866.

New Hampshire Homœopathic Medical Society at ——, Jan. 20. J. H. GALLINGER, *Secretary*, Concord, N. H.

New York State Homœopathic Medical Society, at Albany, N. Y., on second Tuesday in February, 1867.

H. M. PAINE, M. D., *Secretary*, 104 State-st., Albany.

[Secretaries of Societies will oblige the Editor by sending their names and addresses, with dates and places of meeting, copies of proceedings, &c.]

Personal Notices.

Biggar.—Hamilton F. Biggar, M. D., late of Brantford, C. W., has been appointed Adjunct Professor of Surgery at the Cleveland Homœopathic College. He is a young man of decided talent and will doubtless become a successful teacher.

Burt.—Dr. W. H. Burt is the recipient of a very flattering and merited notice in the article by Dr. W. S. Searle, in the Transactions of the New York State Homœopathic Society. Dr. Burt's labors are widely appreciated, and his self-sacrifices, in drug-provings, give him a high place among the followers of Hahnemann.

Drake.—J. W. Drake, M. D., succeeds Dr. Thompson at Augusta, Maine.

Duncan.—T. Cation Duncan, M. D., will practice with Dr. Davis, at 59 Clark-street, Chicago, Ills.

Gatchell.—Henry T. F. Gatchell, M. D., (son of Prof. Gatchell,) has formed a copartnership with Dr. John Gridley, at Kenosha, Wisc.

Hale.—Dr. Hale writes us that he has ready for publication an elaborate paper, written nearly a year ago, entitled "*A New Pharmaceutical Process*," which has for its subject the preparation of triturations from mother tinctures. The paper will be illustrated by descriptions of microscopical appearances of such triturations. He claims for these preparations superior power and efficacy. We hope the subject will be fully and carefully investigated.

Harrington.—James C. Harrington, M. D., is about opening an Electro-Thermal-Bath Cure at Detroit.

Hunt.—F. G. Hunt, M. D., formerly of Brookline, Mass., has located at Ann Arbor, Mich. Being a well-read physician, of large experience, of moral worth and gentlemanly bearing, we expect that he will be eminently successful.

Jackson.—B. F. Jackson, M. D. proposes to locate at Bothwell, Canada West.

Olmsted.—C. C. Olmsted, M. D., has located at Tiffin, Ohio. He has been a very successful practitioner, and we are glad that his health permits him to resume the active duties of the profession.

Palmer.—Geo. B. Palmer, M. D., of East Hamilton, Madison co., N. Y., will contribute to the *Observer* reports of cases treated with a single one of the new remedies.

Seeley.—J. E. Seeley, M. D., formerly of the U. S. Navy, has located permanently in Saratoga Springs, N. Y.

Smith.—Dr. D. S. Smith, of Chicago, President of Hahnemann Medical College, will start for a protracted visit to Europe, in a short time.

Thompson.—W. L. Thompson, M. D., has removed to Augusta, Me.

Tripp.—Moses E. Tripp, M. D., goes to Waterbury, Conn., to attend to the practice of Dr. E. C. Knight, who was recently injured by being thrown out of his carriage.

Wilson.—Prof. T. P. Wilson, of the Cleveland Homœopathic College, being satisfied of the utility of the Electro-Thermal Baths, in the treatment of many diseases, has formed a partnership with Mr. Fenn for their manufacture.

Deferred Articles.

Notice of the Medical Department Baldwin Place Home for Little Wanderers, by O. S. Sanders, M. D., Homœopathic Physician

On the Dose.

Gelseminum in Spermatorrhœa.

Ferrum iodatum in Retroversio uteri.

Argentum nitricum in Atrophy of the penis.

Colocynthis in Paraphimosis.

Philadelphia Homœopathic Society.

Homœopathic Society of Erie Co., N. Y.

Michigan State University.

A Plan.

Can Allopathic authorities be quoted.

Atrophia musculorum progressiva.

Homœopathic statistics.

Reply to "A Look Ahead."

Apocynum cannabinum.—*Bronchitis.*—*Staphylococcus purulenta.*—*Plantago major.*—*Phytolacca decandra.*—*Importance of pathological indications.*—*My first steps.*—*Dysentery.*—*Reply to Dr. Hempel, etc.*
N. W. Sunderlin, M. D., on Æsculus h.

ERRATUM.—Page 164, (April, 1866,) 17th line, read "*back*," instead of front.

Lectures.

For the American Homœopathic Observer.

THE BENEFICENCE OF THE MEDICAL PROFESSION.

BY JOHN S. LINSLEY, M. D.*

When we survey the great changes that have marked the history of civilization, of the many themes presented for our consideration in the vast picture spread out before us, no subject, save that which relates to man's immortality, stands forth so pre-eminently as that pertaining to the physical condition of our race; and among all the grand agencies instituted through the inspiration of Benevolence, for the amelioration of human suffering, none is designed to attain a higher degree of beneficence than the Medical Profession. The physician stands in the foremost rank of useful men. He is the philanthropist whose benefactions shield his fellow-man from the terrors of disease, lengthen life, and augment the world's happiness.

Since the earliest generations many of the greatest intellects have devoted their lives to discover a way by which the anguish of sickness might be alleviated, the spread of pestilence precluded, and mankind brought to the grave in the full ripeness of the years allotted by the Almighty to the period of human life.

What success has attended their labors the records of history show. For nearly three thousand years Medicine has ranked among the learned professions, and physicians have been universally honored and respected, and not unfrequently regarded with superstitious reverence.

The physician of to-day, in reviewing the conflicting theories of the past, however he may estimate their influence, must give

* Valedictory Address N. Y. Hom. Med. College.

due consideration to the ideas of the great men who labored for his instruction and the world's good. Their voices come to us through the centuries, and we may discern the truths they uttered, separate from the discordant strife of their time. There are Hippocrates, Galen, Paracelsus, Harvey and Sydenham and a numerous host, each in his life linking his name with the records of imperishable thought. Though the contributions they made to science are among the choicest treasures of human knowledge, yet they sought in vain for a guiding principle universal in its application to the treatment of disease. Like the stars that appear through flying clouds in the darkness, they each gave his tribute to disperse the gloom of the night of ignorance that overshadowed the world. But how like the rising sun was the advent of Hahnemann, the interpreter of that great principle in the cure of disease by which medicine became, as it were, an exact science! Well may it be called the greatest discovery ever revealed to the medical world.

The doctrines which Hahnemann taught are founded upon an immutable law of Creation, and confirmed by the observation and experience of thousands of the devotees of Science.

Though he lived in the generation that has but just passed away, the achievements of his labors are so great, resulting in the entire modification or abolition of hitherto prevailing methods, and such an abatement of mortality and disease as to brighten all our hopes of the world's future.

However much good may have been accomplished by the ancient methods of treatment, it is a fact of which we are well assured that the Homœopathic system, under all conditions, has achieved far happier results.

Being an agency conducive to the cure of many maladies hitherto deemed incurable or fatal, it deserves to be cherished with the utmost zeal and fidelity.

The excellence and humanity of this advanced philosophy are exemplified in its history. We advocate its principles, therefore, not that they have been condemned by the envy and wrath of ignorant and indolent prejudice, but because they are

of vital consequence to the millions who inhabit this world of disease and death.

The worst enemies medical science has to encounter are among those who should be its best friends.

There are many who have made great advancement in some of the auxiliary sciences, who still hold to the random, uncertain and empirical prescriptions; who narcotize, purge, blister and bleed, to the detriment of health and hazard of life. Thousands are each year sent from medical schools whose mission seems to be, to nauseate and disgust their unfortunate patients with all manner of ill-smelling, ill-behaving drugs, and to decry and slander those who are brave enough to advocate a better philosophy. Even if the principles we profess had accomplished no more than the removal of those practices which produce discomfort, they would merit the approval of all intelligent persons.

Through their guidance, not only has that which was pernicious and destructive been abolished, but by means delightful for gentleness, the sick have been restored to health and the duration of human life extended.

Though medical reform has greatly prospered, its beneficence is seriously retarded by gigantic evils that prevail in consequence of the erroneous teaching of the Past.

The many nostrums that pretenders everywhere extol are the natural fruit of the unscientific practices of a former age.

The hypochondriac who has swallowed every combination of physic; who has been saturated with whisky and stupefied with opium; who has devoured all the salts and alkalies known to the chemist, next turns to the "Metaphysical Discoveries of Mrs. Brown," and the "Bitters" of "Aunt Charity." And the poor invalid, who has "suffered many things of many physicians," resorts to similar sources only to find that they add to his sorrows and make life a mockery and a cheat. What though the massive rocks are overlaid with their legion names and every fair landscape is marred by their glaring placards! What though they make our public journals, which ought alone to be the organs of truth and beneficence, an agency of the most shameless imposition and crime! Are they not

concocted after the methods of ancient pharmacy and vended by "all respectable druggists?" Are they not recommended by the representability, by "distinguished citizens," and even clergymen of high standing? And do they not *sometimes* get into "regular" prescriptions? These prolific sources of mischief can only be prohibited by that enlightened public sentiment which results from a higher standard of popular education.

The advanced wing of the medical army must battle with all adverse elements until the work is accomplished. The advantages already attained are most encouraging; thousands of physicians have been converted to the genial truth; colleges established; able medical journals published, and the new doctrine extended over Christendom. It sheds its light of beneficence in effulgent beams over the nations, streaming down the future with a glory that seems divine! Its influence is in harmony with every good cause. Men of every class and condition have been blest by its power. The busy interests of Commerce have acknowledged its claim, and the patrons of Homœopathy are even known by the small premium of their Life Insurance Policies!

May we not hope soon to see the removal of those odious preclusions that shut out reform from the great public charities of New York and the early establishment of Homœopathy in her public hospitals.

It required the fearful scourge of Cholera to give Homœopathy a legal foothold in Vienna; but surely a similar visitation here will not be necessary to its official recognition and promulgation in this great metropolis and throughout our wide, *free* country.

There is no principle relative to the physical or moral welfare of man that does not directly interest the physician. He is not only the conservator of health and life, but the reformer of public opinion and the advocate of a purer civilization.

Witness that blighting curse which so destroys the happiness of human life. Who can depict the woe, crime, and death consequent to that direful disease, the *mania for intoxicating drinks*? It is time the medical profession were aroused to their duty in the reformation of this evil. The morbid public senti

ment that prevails on this subject, having been fostered, in a great measure, by the practice of the profession, the necessity is upon all who aspire to be worthy of their high calling, to address themselves to the removal of a malady whose victims outnumber those of all the plagues and fevers the world has ever seen. No physician can be ignorant of the need of his personal influence against the criminal use of Alcohol, and he should teach as one having authority.

The truths of physiology should live in the conscience of the guardian of health, that he may compel obedience to knowledge and reason.

There has never been a time when it were so responsible a calling to be a professor of the healing art as now. To live in an era so prolific of discovery and useful invention as the present may well be esteemed a grand privilege. And, to us Americans, who have witnessed as the result of the war now closed, the triumph of liberty in the preservation of National Union and the abolition of Slavery, the future seems full of richest promise. Among all the benign influences to follow such an achievement, let medical reform receive a fresh impetus.

With the extension of education, society is testing to the utmost the culture, acquisitions and efficiency of medical men. They are required to compass in their knowledge the whole range of natural science; to ascertain the origin and nature of every malady; to modify and control the power of pestilential epidemics; to investigate the most profound problems of mental and moral philosophy, and reveal the hidden springs of life's mystery.

The beneficence of the profession must be co-ordinate with the advancement of knowledge.

The generosity and benevolence of medical men has ever been most praiseworthy. With what devotion have they sought to befriend the poor, seeking no reward save the sweet consciousness of humanity. Though struggling with poverty, neglect and contumely, they are ever ready to extend aid to the needy and suffering. In times of pestilence, with what self-renunciation have they met the most appalling dangers!

How many noble examples of martyrdom adorn the annals of medical history !

But the demands for a higher standard of professional excellence are imperative. With deeper intellectual and moral culture ; with unity of purpose and harmony of action, the profession will yet achieve an infinitely superior usefulness.

If physicians fully realized the importance of their position in the scale of human professions, they would unitedly engage in those reforms which ought to be accomplished, and secure for themselves all the rewards which a world blessed by their beneficence should gratefully bestow.

To be a minister of comfort in the gloomy chamber of suffering ; to speak healing words when the strong man has become weak , to be the constant friend of every afflicted son and daughter of Adam, is a mission which an archangel might covet.

To the physician it is given to invite delicious rest to the hard couch of pain ; to assuage the sorrows of maternity and enhance the blessedness of the mother's joy ; to light the glow of health on the faded cheek and recall vigor to the wasted frame ; to dispel the visions of delirium, and soothe with gentle sleep the anguish of the troubled mind ; to bring sympathy to the darkened house where grief sits, and revive hope in the dreary abode of despair.

And, finally, as that hour approaches when science must become powerless, and the physician lays aside his battered shield,—it being no longer a protection from the shafts of the grim monster—then to him it is still given to administer the consolations of religion, and point to the Great Physician who can transform the dark passage of the grave into the bright portals of Paradise, and cause death to be but the blissful transition from earthly sorrows to the immortal glories and eternal beatitudes of Heaven.

VALEDICTORY—TO THE COLLEGE FACULTY.

It is with feelings of regret we speak parting words to our instructors. You have led us into the wide fields of a noble science, and revealed to us its hidden paths. You have guided

us up to the mountain peaks of discovery, and from those serene heights directed our vision over vast continents toward an undiscovered world beyond.

Spreading before our view the chart of experience for a guide in the devious labor of coming years, and showing us the beneficence of our sacred calling, you have inspired us with stronger hops and purer aspiration for future good. At all times you have watched over our interests and sought our welfare with paternal tenderness and devotion. The debt of love and gratitude which we owe we can only strive to pay by an affectionate remembrance of your abiding interest in our success, and by patient, unyielding efforts to emulate your example.

Though we would linger where we have spent so many precious hours, yet we gladly accept the serious duties of our profession.

In parting we can but feebly express the earnest desire of our hearts for the prosperity of our Alma Mater, anticipating for her a glorious future.

May the Divine Being grant you length of years and an eternal reward when life's toils are ended.

We bid you farewell !

TO THE GRADUATING CLASS.

Classmates :—We must now exchange our pleasant college-days for the serious responsibilities, the persistent study and toil of a physician's life. Our profession has a charm that will ever impel us to seek for its highest attainments. From our childhood, when we began to learn wondrous lessons in Nature, to the present hour, we have had an increasing love for all her realms of beauty and truth.

But human life, with its varied powers, its growth and decay, its health and disease, its joys and sorrows, its pleasures and pains, and its final dissolution, has claimed our abiding interest. Let us devote our energies to this sphere of thought, that we may contribute to increase and widely extend the benefits of our calling. To this let us perpetually consecrate our lives.

During the years of our student-life we have had an experi-

ence that will be treasured in our memories with sacred regard. Happy is the man who cherishes the recollections of his youth. Thrice happy shall we be if in our several fields of labor we cultivate those fraternal relations that have begun in our intercourse as classmates.

We go to meet the trials of an earnest life with high aspirations and ardent hopes. In our deportment let us heed the wise counsel of those who have had long experience with the world. And also may we possess such independence of thought and action as to preclude that blind reverence for the past which has ever been a baneful hindrance to progressive attainment. Let us act in accordance with the principles we have proved, that we discard those personal habits that are disgraceful to any physician.

If we are animated by the sweet influences of Christianity, we shall live before all men as teachers of virtue. Our example must have a power over the mind of many a youth. Let us possess honor and self-respect, ever seeking the attainment of that culture and excellence of character that shall render our influence an element of strength in society.

Perhaps I should be regarded as neglectful of a traditional privilege unless I allude to our future domestic relationship. It has been said by a wise observer that the medical profession, from earliest times, has been the favored of the fairer and more excellent part of creation. Judging from history, and regarding the general proclivities of medical men, it may not be necessary to advise you to enter the bonds of matrimony. May you all receive and worthily cherish that last best gift of Heaven, a good wife.

With all the incentives given us to achieve and dispense happiness, let us so labor that our united work may live after us. Like the branches of that famous Indian tree, which departing from the mother stem each becomes a living trunk, until a wide forest of beauty and strength is seen; so may we exert an influence that shall take root and flourish around the parent tree of our Alma Mater, ever extending in Eden-like beneficence. Let us so fulfill our mission that we receive the Divine approval, and meet again in a better sphere.

We bid you an affectionate farewell !

Practice of Medicine.

For the American Homœopathic Observer.

IRIS VERSICOLOR IN SKIN DISEASES.

BY W. H. BURT, M. D., OF LINCOLN, ILLS.

Feb. 19th, 1865.—I was called to treat a little boy and babe who for the last month had been suffering with the itch. The eruption for the first day is vesicular, but, after that, becomes pustular. Some of the pustules are half an inch in diameter. The boy has the eruption on his arms, back, nates, and left knee. The eruption on the babe is confined to the abdomen, the whole being covered with pustules filled with yellow pus. The boy complains of it itching very much in the evening. Their mother has applied sulphur ointment for the last two weeks, that had been prepared by their family physician and prescribed for them, but every day new vesicles make their appearance. Gave *Iris versicolor*, ten drops of the mother tincture in a tumbler of water, one teaspoonful three times a day. A cerate of the same remedy to be applied twice a day. This one prescription cured them both perfectly in eight days. This is the first time I ever used the remedy in itch, and I must say I never gave any remedy that gave better satisfaction. If it will do as well in the vesicular form, I shall rejoice, for some cases of itch have given me a good deal of trouble, and I have been frequently compelled to use sulphur externally. The smell of the sulphur is so repugnant to patients that its use is objected to, to say nothing about its injurious effects. The *Iris versicolor* is so pleasant that no one dislikes it. I hope my colleagues will give it a fair trial and report the result through this journal.

TINEA CAPITIS.

Feb. 1. Mrs J—— brought her babe to my office, which had the following symptoms: Three months since commenced to have an eruption on his head; after it had lasted one month an

allopathic physician treated one month; at first the child was much better, but soon commenced to get worse, when his mother became discouraged and thought she would treat the case herself. After she had tried one month to cure him, she was advised to let me treat the little fellow. The whole top of the head is one complete scab, yellow matter oozes from under the crust, which has matted the hair together. The left ear is covered with the eruption, it also gathers every two weeks and discharges a yellow-greenish pus. Numerous yellowish pustules are scattered over the scalp, each pustule containing a hair. Before it had the eruption on the head it was troubled frequently with boils on his body. His mother had the itch before the babe was born, and I guess since. The child is so filthy that one cannot touch him without becoming nauseated. Ordered his head washed morning and night with castile soap and water, and then a cerate of *Iris versicolor* applied over his whole head. Gave internally ten drops of the tincture of *Iris versicolor* in a glass of water, one teaspoonful three times a day.

Feb. 17th. Called. The eruption on the child's head is half gone, the ear is well, no eruption excepting on the top of the head. The mother is much pleased with the effect of the medicine. Continued same treatment three weeks longer when the child was discharged as cured, and has remained so now four weeks. This is the fifth case of crusta lactea that I have treated with *Iris versicolor*, and in each case the cure has been most gratifying. I think that this great remedial agent is too much neglected.

For the American Homeopathic Observer.

STAPHYLOMA PURULENTA.

BY R. C. SMEDLEY, M.D., PA.

In August last I was called to see a boy eight years of age, who had been suffering about two weeks with inflammation of the left eye. It was somewhat larger than the other, sensitive to the light, and vision impaired. Immediately beneath the iris, at the edge of the sclerotica, was an irregular protuber-

ance of a dark substance the size of half a large pea. This had been gradually increasing for nearly a week. I could not determine with satisfactory precision whether or not it contained pus. From the deep seated inflammation, the gradual developing of the tumor, and the general scrofulous appearance of the child, I was led to diagnose it staphyloma purulenta, or the "hypopion" of some authors.

I gave him *Mercurius solubulis*, 1st decimal trituration, one-half grain three times a day.

In three days after, when I visited him, there was decided improvement; the inflammation had materially subsided and the protruding part had somewhat diminished. Continued *Mercurius solubulis*, as before. In one week from the beginning of the treatment the tumor was reduced one half and the inflammation nearly gone. Gave *Mercurius solubulis*, one-half grain, twice a day. In four weeks there was no trace of the disease left, except a small speck resembling a cicatrice, near the edge of the sclerotica, and vision was completely restored.

For the American Homœopathic Observer.

GELSEMINUM IN SPERMATORRHŒA.

BY THOMAS NICHOL, M. D., BELLVILLE, C. W.

In January, 1863, I commenced treating a young man who was suffering severely from spermatorrhœa induced by onanism. The disastrous habit had been persevered in for years, till at length the sexual power became so completely exhausted that the most powerful stimulus failed to cause erection. On abandoning the habit he got a little better and then had hopes of marriage, but found that the slightest approach towards a caress produced an emission of semen. In despair he returned to his old course, and when he placed himself under my care he was a mere wreck both mentally and physically. His face was pale and emaciated, with dark circles around the eyes. His mind was very weak, memory defective, and he was haunted by thoughts of suicide. He had emissions averaging four or five a week, and also while straining at stool. The penis was flaccid and relaxed, very seldom erections, and both

testicles had become smaller. On passing a bougie down the urethra I found that there was great tenderness around the opening of the ejaculatory ducts.

I placed him on the use of the first dec. trit. of *Gelsæminum*, giving him one-third of a grain morning, noon and night, and in nine months I had the pleasure of seeing him restored to the most perfect health. No other remedy was used excepting a few doses of *Aconite* when *suicide* pressed too strongly upon him. Possibly he might have been cured with a higher potency, for according to some of my medical friends a low dilution is merely another form of allopathy, but with Alphonse Teste, I think "*the true medicine is that which cures.*"

I have treated a number of cases with *Gelsæminum*, and with the most flattering success. I am far from considering it a specific for any and every case of the disease, on the contrary no disease requires a wider discrimination; but nevertheless it is a powerful remedial agent, worthy of standing side by side with *Aconitum nepellus* and *Argentum nitricum*.

For the American Homœopathic Observer.

DYSENTERY.

BY O. EMORY MORSE, M. D., CAMBRIDGEPORT, MASS.

DEAR DOCTOR:—I write you my experience in the use and effects of *Phosphoric acid* and *Mercury* in dysentery and diarrhoea, which was recommended (*Phosphoric acid 1st, Mercury 3d,*) in your publication some time since.

I give you a case of dysentery: A gentleman, 35 years of age, light complexion, nervous temperament; cause was not perceptible either in diet or weather.

Symptoms:—Painless discharges, which may have been overcome with enemas of Pond's extract *Hamamelis*, (diluted). Bowels distended, hard; discharges increased by motion, which were almost constant and of a pink mucus, and of a nauseous and sweet odor, which by remaining a few moments became offensive, with the blood separating in globules, leaving the

mass clay color. Urine of a yellow brown, with albuminous clouds.

After prescribing the usual indicated remedies without effect, I prescribed *Phosphoric acid 1st*, in water, five or six drops in a tumbler two-thirds full of water, gave a swallow, leaving him to consult with two other physicians, which were of the same opinion of myself—that it was a hopeless case. Four hours after I called; found the patient easy, no dejection since I left him, bowels natural and soft after a discharge of wind, which was not apparent from previous examination, I continued *Phosphoric acid 1st*, in alternation with *Mercurius 3d*, every two or three hours, until the third day, then one dose each, giving *China* before nourishment, which was rye pudding or mutton broth. Fifth day, having no movement, I ordered an enema of *Hamamelis*, which was evacuated with clay-colored excrement, and a little foecal matter. Tenth day, full, natural discharge.

For the American Homœopathic Observer.

CLINICAL ITEMS.

BY C. EMORY MORSE, M. D.,

COLIC.—A lady, age about forty, light complexion, had frequent attacks of colic, confined to the region of the bladder, was cured with *Phosphoric acid 1st*, and of a urinary calcarious trouble, which deposit adhered to the vessel in scales difficult to detach.

NEURALGIA.—I have found *Platina*, 3d to 6th, the most reliable remedy for neuralgia facial and of the uterus.

BOILS.—*Phosphorus* a preventive of boils.

ERYSIPELAS.—Buckwheat-gruel is the best external application for *erysipelas* I have known, it relieves the burning and itching.

For inflammation of the brain, and the effect of spirituous liquors, and hemorrhage from the nose, I have been successful by bathing the head with hot water and feet with cold. It relieves the brain and allays delirium.

For the American Homœopathic Observer.

APOCYNUM CANNABINUM.

BY M. A. TINKER, M. D.

A little girl, aged seven years, of a nervous temperament, had scarlatina the latter part of January, during which nothing unusual or of importance occurred; till convalescence, when she showed some tendency to dropsy, for which I gave *Arsenicum 3d*, five grains, *Apis mell.* 3, five grains, which checked all further increase of this difficulty for a time.

On Feb. 6th, took cold, and on the 7th anasarca rapidly supervened, and in less than three hours the dropsy had increased so rapidly that it was not possible for her to lie down; urine entirely suppressed; distention enormous, with great dyspnœa; restlessness and anxiety, which soon increased to real agony; with cold extremities.

I gave at once *Apocynum cannabinum*, ten drops of tincture in a tumbler of water, teaspoonful every half hour, and hot water to the feet. In twenty minutes the urine started, perspiration broke forth, and my little patient breathed easier. Ten hours later, found urine tolerably free and the effusion gradually subsiding. Continued *Apocynum* every hour.

Feb. 8th. Better; urine free. Continued medicine.

Feb. 9th. Effusion very much diminished. Continued *Apocynum cannabinum*, five drops in a tumbler of water, every three hours. Gradual improvement daily until the 24th. The child had been at play about the house the day previous, and at about 5 A. M. was taken with vomiting and watery purging, and when I arrived I found her much prostrated, with pulse 160, and great thirst; continued retching and straining at stool. Gave *Aconite* and *Ipecacuanha*.

At 10 o'clock P. M., vomiting much abated; skin moist. *Aconite* and *Ipecacuanha* continued. At 7 P. M., thirst abating and vomiting nearly subsided, with no further passage of urine or bowels. Continued medicine.

Feb. 25th. Better. Slept but little; no retching; no pain; pulse 145; skin moist; passed a normal quantity of urine this morning; very feeble. Gave *Arsenicum 3*, five grains in solution, teaspoonful.

Feb. 26th. Better. Bowels and urine regular; pulse 110; appetite returning; desires to set up in bed for a few minutes.

March 1st. Much better generally; urine not quite so free; bowels regular; appetite good. Gave *Arsenicum 3*, three grains in

solution, and *Apocynum cannabinum* tincture, two drops in a tumbler of water, teaspoonful of each three times daily, alternately.

March 6th. Convalescent; secretions regular, and all the functions in good condition.

Query.—Was this an *Apocynum cannabinum* aggravation?

For the American Homœopathic Observer.

ERIGERON CANADENSIS IN HÆMATURIA.

BY GEO. B. PALMER, M. D., EAST HAMILTON, N. Y.

In October last I was called to visit Mrs. F., aged about 75, quite strong and vigorous, so much so as to be able to perform ordinary household labors. I found her suffering from *active hæmaturia*, which had made its appearance some eight or ten hours previously. During the time she had voided urine four times I think, each time "being bloody," as she said. The last evacuation was shown me, and consisted of a pint of urine and blood, the appearance being as if one-third, at least, was blood. She had experienced no pain, only a sense of weight and fatigue in the region of the kidneys, and a slight sensitiveness to pressure. The pulse was depressed; considerable prostration. She spoke of feeling "somewhat faint."

I prescribed *Erigeron canadensis*, 1st dec., three drops at a dose, to be repeated every half hour for two hours, then every hour for three hours, and afterwards, if the symptoms were no worse, every two hours, until my next visit. At 10 A. M., I again saw her, (my first visit being at 4 P. M.) Found she had rested quite well during the night; had voided urine but once, the appearance of which was decidedly better. Her strength was improved. Gave *Erigeron*, 1st dec., three drops once in six hours. During the next twenty-four hours she passed urine twice, each time showing rapid improvement, until, at the end of the fourth day, no traces of the disease remained.

About four weeks later I was summoned to visit Mr. F. the husband of the above mentioned lady. Age about the same, naturally a very robust man, and, until the present, in good health. This man had for many years been in the habit of using alcoholic stimulants rather freely, but for the last three months had abstained entirely. I found the old man just recovering from a syncope; pale, lips almost bloodless; pulse low and trembling; very weak; voice changed, and all the evidences of exhaustion. On inquiry I found that about 12 hours before he had a passage from the bowels of fecal matter and

some blood, two or three hours later another, more free and containing more blood; and within the last hour three more, which were described as being "nothing but fresh blood." While at stool the last time he had fainted. This last evacuation was shown me, and consisted of at least a pint of blood and mucus, with but slight trace of fæcal matter. He complained of no pain, but spoke of a feeling of prostration, almost constant faintness and weakness and trembling of the abdomen, which was tender to touch.

I prescribed the *Erigeron canadensis*, as before, three drops of the 1st dec., every half hour for three or four hours, then once in two hours, at the same time directing them to call me if the hemorrhage was not checked.

The next day I found him improved. There had been no movement of the bowels of any kind; pulse better; some desire for food, &c. The remedy was continued at intervals of six hours. He continued to improve in every respect till the evening of the fourth day, when there was an evacuation of fæcal matter with some partially decomposed blood. The fifth day an evacuation, nearly normal; the patient able to sit up and take a few steps. His recovery was rapid and complete. No other remedy was used in this case. The *Erigeron* responded promptly and successfully, and I am led to regard it very highly as an effective agent in controlling such forms of hemorrhage.

I have also tried it in one case where its effect was not so marked. The case was one of *metrorrhagia* following abortion at the second month. The hemorrhage was not severe, but was constant for ten days before I was called. I used the *Erigeron* for three days, without any very marked effect. *Hamamelis* also was tried with no better result. A few doses of *Nitric acid*, 2d dec., promptly arrested the discharge.

For the American Homœopathic Observer.

HYDRASTIS CANADENSIS IN SMALL POX.

BY A. L. CLEVELAND, M. D., ATLANTA, GA.

February, 1866. At this time, and for several months past, we have had small pox raging as an epidemic in our city. With the whites it has been rather mild, but with the blacks it has been very fatal. Up to this time I have had about forty cases under my care, mostly whites. I have treated them strictly homœopathically, using, as the remedies were indicated, *Aconite*^a, *Belladonna* 3d, *Bryonia* 3d,

Sulphur 3d and *30th*, *Stramonium 3d*, *Macrotin 1st*, and *Tartar emetic* internally, *Chloride soda*, *Sulphate magnesia* and *Sweet oil* externally. The *Tartar emetic* I have used as directed by Marcy & Hunt. The *Macrotin*, *Sulphate magnesia* and *Sweet oil* as advised by Dr. B. L. Hill. So far I have not lost a case, nor had one case with secondary fever and there has been very slight pitting.

A few days since I was consulted by Dr. R. S. Pomeroy relative to a case he considered very doubtful. He had been called to the case very late on the seventh day after attack. The patient was about forty years old, an engineer on one of our railroads. For several days he had appeared to be doing well. A change took place, the family and friends became alarmed. The friends called in, without the knowledge of the family, two allopaths, who pronounced the case incurable. Dr. Pomeroy described his case thus: "His face very much swollen, eyes closed, nose enormously large, entirely stopped up, throat very sore; pustules dark, and the patient almost unconscious, having given up all hopes of recovery."

I had just been reading Dr. E. M. Hale's Review of Garth Wilkinson's works on Small Pox, &c. From my knowledge of the action of *Hydrastis* externally and internally, having used it much in my practice the last six years, I advised him to use it in his case. I furnished him with the remedy. He had it prepared and applied it about one o'clock P. M., and on visiting his patient next morning about ten o'clock, was surprised to find that the swelling had subsided and his face looked natural, and his patient comfortable. From this time his recovery was rapid and complete, with no other remedy but the *Hydrastis*.

My first case in which I tried the *Hydrastis* was a beautiful boy six years old, very light complexion, light curly hair, who had never been vaccinated. I was called the morning the eruption made its appearance, and found him very sick and covered with a fine rash, which proved confluent small pox. I had him moved to an up-stairs room and nursed by his mother. Not having had experience enough in the use of the *Hydrastis*, I put him under the usual treatment,—*Tartar emetic*, &c. He did well till the eighth day, when I found him very much worse. His face had swollen so much during the night that his eyes were closed; his throat sore, and his mouth worse than any case I ever saw. I put him on *Hydrastis 6th*, three drops to a half tumbler of water, and had the cold infusion made and applied warm three times per day. In twenty-four hours all the swelling was gone, eyes all right, mouth and throat well, pustules all drying up,

and on the 17th day I had him brought down stairs and put to play with the children; and now, nearly two months, you would not know that he had had small pox. Since then I have treated many cases of small pox and varioloid with nothing but *Hydrastis* with perfect success. Patients of all ages, children from seven months to adults of seventy years. In no case have I had any secondary fever and very little pitting.

A CASE IN POINT.

I was called on the morning of the 12th of March to see Hulda, a colored woman, about 30 years old. She had been confined in the night, by a colored midwife, of a healthy child. I found her broken out with the small pox. She stated that she had been frequently vaccinated but it had never taken. Her father thinks he vaccinated her when a child. I at once put her on *Hydrastis* 2d, three drops to half a tumbler of water, dose one teaspoonful every two hours, and continued it during treatment, also an infusion made of the powdered *Hydrastis* and cold water, a portion warmed and applied to face and hands three times in the day. Her case proved a bad one of distinct small pox. She continued to nurse the child as long as it lived. Commenced scaling off on the 10th day, was up and about the room on the 17th day, and now, not a month from attack, you would not suppose she had had small pox.

The infant, a healthy, smooth looking one, was in the usual condition of children of its age. No sign of an eruption. I waited till the 13th, when I vaccinated it. On the 16th the vaccine gave evidence of taking, and went through the usual course of vaccine up to the 10th day, when an eruption made its appearance, more resembling hives than varioloid. I was compelled to leave the city for an important call, and left instructions to call Dr. Pomeroy if either got worse, which they neglected to do. The child grew worse, had a very sore mouth and throat, which continued till the 26th, when it died. I returned on the 27th. On examining the child I could not discover any eruption resembling small pox or varioloid, and think it died from the want of care, as it had a very poor nurse.

ACCIDENTAL PROVING OF HYDRASTIS.

I was sent for in the night of the 28th of February, to consult with Dr. R. S. Pomeroy on a case of threatened miscarriage, which terminated favorably. The patient, Mrs. P., about 30 years old, of a bilious encephalic temperament and a scrofulous diathesis, subject to frequent attacks of sore throat, from which she is very deaf. On the second day, (2d day of March,) after a very severe inflammation

of the throat and entire buccal cavity made its appearance, Dr. Pomeroy prescribed an infusion of *Hydrastis* as a gargle, and directed it to be used three or four times during the day. Mrs. P. not understanding the directions, and the application feeling grateful, used the whole tumbler full in about five hours, at the same time applying a cloth saturated with the infusion over the mouth and chin. Next morning, (March 3d,) the mouth, lips and nose were very much swollen, and pimples made their appearance during the day around the mouth and chin, resembling the early stage of small pox or varioloid, and the next morning, (the 5th,) they commenced vesicating. At this stage Dr. Pomeroy called on me to see the case with him, and had I not known the previous history of the case, would have pronounced it small pox. On the 6th the pustules began to sink in the centre and turn dark, and commenced drying, and have gone through the various stages of small pox or varioloid, and scaled off on the 10th, and on the 15th the patient was up attending to her household duties.

Query.—What caused the eruptions ?”

CIMICIFUGA RACEMOSA.

BY E. M. HALE, M. D.

The following case simulated *angina pectoris* :

A woman aged fifty-five—ten years past her climacteric, plethoric, subject to neuralgia, dropsical for years, presented the following symptoms: Has just been relieved of a general dropsical condition by *Apocynum cannabinum*. During the presence of the anasarca she suffered much from cardiac oppression and palpitation, which I supposed to be due to hydro-pericardium. But on the subsidence of the dropsy the heart-symptoms became worse instead of better. I then learned that she once had “neuralgia of the heart”—so called by her physician. Several times a day she is now attacked with intense pain in the region of the heart, great anxiety, livid or purple color of the face; cold perspiration on the hands; numbness of the whole body, especially the arms. The heart’s action seems suspended by a sudden spasm, during the persistence of which she cannot make the slightest motion, but sits upright with a look of intense agony impressed on every feature. She says the heart’s action ceases suddenly, then a feeling as of impending suffocation sets in, the head is forcibly drawn backward by the cervical muscles, and she becomes finally

unconscious. When she awoke, it was with palpitation of the heart, numbness of the arms, pain down the *left* arm into the hand, and a sense of complete exhaustion.

I did not see her until she had several attacks. Arsenicum 3d was first prescribed, and was taken for two days,—no better. Nuxvomica 3d for two days,—no improvement; then Naja 30 for two days. Under the last remedy she grew worse. I then visited her. On physical examination, the heart's action appeared to be normal, pulse regular, but soft and quick. There was no water in the pericardium, and the heart was not hypertrophied.

Cimicifuga 1st was prescribed, 5 drops every hour for six hours, then every two hours. She had a severe attack just before taking the remedy, and two slight attacks after the first dose. Two days after I was informed that no more paroxysms had occurred. Ten days afterwards and still no recurrence of the paroxysms.

There has been much said by a certain class of physicians of our school, who seem to wish to ignore all new remedies, about the superior success of and brilliant cures made by the early homœopathists with the old remedies. This case might have been cured by Lachesis, Aconite and other medicines, but the fact that it was cured by the Cimicifuga in a very short time, should be a rebuke to those who would gladly refuse to admit new remedies into the materia medica. Cases may arise for which none of the old remedies are indicated. In such cases, should the patient die for want of the specific remedy, where shall the blame rest?

The *Cimicifuga racemosa* has been used with benefit in *Sciatica*, and other rheumatic affections of the extremities. Dr. Marcy writes: "We have been in the habit of employing this remedy occasionally in rheumatic affections, during the past eighteen years. We have prescribed all doses, from the nauseous decoction of the old school to the highest homœopathic attenuation, and good results have followed both forms of the medicine—although experience has long since taught us to rely upon the latter form. It is most serviceable in articular rheumatism of the lower extremities—with much swelling and heat in the affected parts. Like Bryonia, it exercises a special control over inflammation of serous membranes; but its range of action, and consequently its applicability in rheumatic affections, are decidedly inferior to this drug." The Cimicifuga may be inferior to Bryonia in its action on serous tissues, but it is far superior to that drug in its influence on *muscular and nervous tissues*. Bryonia does not cause or cure rheumatico-neuralgic pains, while Cimicifuga

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does, in an eminent degree. Bryonia has no influence over reflex-nervous pains, cramps, etc., while Cimicifuga controls many such abnormal manifestations.

CHIMAPHILA IN URINARY DIFFICULTIES.

Dr. Kendall, of Ill., writes:—"An old gentleman, a sufferer for many years with the "gravel," so called by his physicians, applied for relief from the following symptoms: "Excessive itching and painful irritation of the urethra, from the end of the penis to the neck of the bladder; sensation of swelling in the perineum, as if in sitting down a ball was pressing against it; frequent desire to urinate, with scanty urine, containing a very large quantity of muco-purulent sediment, nearly one-third in bulk of the quantity voided. This state of things had continued for many months unchanged. After trying several remedies without benefit the first decimal dilution of Chimaphila was prescribed, ten drops four times a day. Improvement set in immediately, and in a week the pain and irritation had disappeared, and not a trace of the pus-like sediment was to be found in the urine."

Miscellany.

ON THE DOSE.

BY E. P. MOSMAN, M. D., NORWICH, CONN.

I present, no claim to originality for anything herein set forth. Principles and facts, which cannot be too often reiterated, may, perhaps obtain for this article space in the columns of the *American Homoeopathic Observer*. If the following are not facts I am pursuing a phantom.

Fact 1st.—Drugs produce primary and secondary effects upon the system when administered to healthy persons for the sake of experiment. Such experiments have been made upon a vast number of persons with a vast number of drugs, and the symptoms elicited all minutely recorded. The term "secondary effect" is used to signify organic reaction.

Fact 2d.—Diseases resemble or correspond to the primary and secondary effects of drugs.

Fact 3d.—Each and every conceivable disease or disordered condition being brought about by a morbid principle acting inimically upon the tissues of the body, such principle or poison may be neutralized by the administration of a simple, single drug in proper doses, if related to it in accordance with the homœopathic law.

Fact 4th.—When the condition or disease of a patient in all its stages corresponds to or resembles the primary *and* secondary effect of any drug, such drug becomes the specific homœopathic medicine.

Fact 5th.—When the condition or disease of a patient resembles the primary effect of a drug, such drug should be administered in *infinitesimal* doses, from one-tenth to one-millionth of a grain and upwards, at frequent intervals during the existence of that condition, and be discontinued during the period when the symptoms correspond to the secondary effect of the same drug, during which the *largest* possible doses, from one drop of the tincture to twenty grains of the alkaloid, or as much as is consistent with safety, should be given. It will be observed that to neutralize the morbid element or principle, force is employed with intelligence; that force being embodied in the drug. The morbid principle may be neutralized by a large dose, if the conditions warrant, as before stated; or when other conditions or other stages of the same disease are present, a small or infinitesimal dose of the same drug will also neutralize, and much more effectually, than if no discrimination was made in regard to the dose. The success which attends the labor of those who employ infinitesimal doses on every occasion, is mainly attributable to the fact that they prescribe for those symptoms or that condition which demands the small dose, neglecting that which is sure to follow, viz: those symptoms which demand a large dose, and they are more successful, as a rule, than those, who adopting the same law as their guide, administer the large dose on every occasion, neglecting the symptoms which call for a small dose. The aggravation of the symptoms produced by the latter, when administered at the wrong time, does the patient more harm than the non-administration of the large dose, when it should have been given by the invincible advocate of infinitesimalism.

It is a laborious task, but well worthy of our pains, to make the primary and secondary effect of drugs as familiar as "household words." Hue and cry is raised in the allopathic ranks whenever a cure is effected by a homœopath with large doses. Until we teach in our books, those domestic treatises which are scattered broadcast over

the land, that certain medicines may be taken in large doses, when such and such symptoms are present, and that it is an homœopathic medicine for the case in question, we shall fall short of what we ought to accomplish in our day.

The public should be advised to examine the prescriptions given them by allopathic physicians, in order to detect the homœopathic remedy. They should be told what the usual allopathic prescriptions are for various conditions, all of which should be laid down side by side with the homœopathic. We should glory in the fact that the prescriptions of a modern allopathic physician smell strongly of a homœopathic pharmacy. Hundreds and thousands of families who employ us as physicians would think it sacrilege, heresy, or something worse, should we prescribe a few grains of the first decimal or even the centesimal trituration of Stibium to an ounce or two of Syrup of Tolu for a cough; and should we venture to put in a little Ipecacuanha, Belladonna, Lobelia, or Veratrum viride, we should be excommunicated "sure pop." Perhaps, however, the Belladonna might "take the curse off" if we talked hard enough about it, as Aconite and Belladonna are supposed to belong to homœopaths by a sort of universal consent or inalienable right. We ought to teach the public, by "line upon line, precept upon precept," that a drug, if homœopathic to the case, though it be combined with, surrounded by, swallowed up in, a variety of other ingredients, yet it will find its appropriate sphere and benefit the patient, though it would have been far better to have used it alone or in conjunction with a vehicle possessing little or no medicinal property. As the case now stands, we are actually debarred by public opinion from giving the large dose, using palliatives, or even causing an evacuation of the contents of the stomach and bowels of a glutton.

I, for one, hail with pleasure all those indications which are everywhere visible in the medical horizon, that the allopaths and the eclectics are yielding the palm to homœopathy, not by their words, verily, but by the means used for the cures effected.

For the American Homœopathic Observer.

A PLAN.

A little less than 400 students attended the Homœopathic Medical Colleges the past winter. About 140 were graduated, who are now entering upon the practice of medicine in various localities throughout the country. And all this in the face of an earnest and persistent demand for Homœopathic practitioners in more than a

272 AMERICAN HOMOEOPATHIC OBSERVER. And out of a thousand places in the United States and Canada. "Send us a Homoeopathic Doctor," is the Macedonian cry that is ringing constantly in our ears. If this need, and the desirable results that would accrue to those who meet it, could be generally known, we should have a thousand ambitious young men seeking admission to our Homoeopathic schools next winter.

A plan is now being inaugurated, which, if accepted and carried out, will join our five Colleges in an enterprise by which this want of the public can be most widely published. Every secular and religious paper in the country can be made the medium of information at comparatively little expense. And the result must inevitably be to increase from one to five fold the number of our students next session. As all the Colleges will be equally interested in and benefited by the plan, it is to be hoped that they will cordially co-operate in carrying it out.

This article is preliminary to a more complete and definite statement, soon to be placed in the hands of the medical practitioners of the country, and we bespeak for it at their hands every possible aid.

T. P. WILSON,
Cleveland, O., March 15, 1866.

For the American Homoeopathic Observer.

CAN ALLOPATHIC AUTHORITY BE QUOTED?

BY E. M. HALE, M. D.

In my private correspondence I am frequently asked the question, "Why I quote allopathic authorities in my New Remedies and other writings." In some of the periodicals of our school I find the same question asked. In other words, the questioners ask: "Can allopathic authority, or their cures, become of value to the Homoeopathician?"

I answer, "Their bold *dictum* can not, but their *cures* can." I propose to state the reasons for the belief. But first, I would ask the reader to glance over the pages of the "Introduction" to that immortal work of Hahnemann, the "Organon." He will there find page after page occupied with a concise narration of allopathic cures. He makes such testimony contribute to the proof of the homoeopathic law, and intimates, in the strongest language, that all the cures were homoeopathic. I have only followed, humbly I admit, in the footsteps of our great Master.

It is true, that in writing of new and unproven remedies, I have

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quoted all medical authors, but not as *authority*, except in certain cases. I mention their alleged cures for the purpose of drawing attention to the successful uses of the medicines in certain diseases. I mention their theoretical deductions, and even their crude recommendations, thinking that perhaps we may get a little grain out of the great amount of such chaff. It must be recollected that I had little or no homœopathic experience to draw from, and had to use such material as I could find. That such mention of allopathic and eclectic experience was not productive of injury, the contents of the second edition will prove. The valuable uses of *Caulophyllum*, *Dioscorea*, and many other medicines, first came to us from that source, yet our school has since verified the reality of their cures—and more; they have proved that such cures were made homœopathically, because the medicines are capable of causing similar affections.

It seems strange to some of our school that because allopathists use such massive doses, they can make any cures at all. But *a cure is a fact*. We can not explain it away. The testimony of a physician of one school is as good as that of another, provided his alleged cure was made with *one medicine given singly*.

No proposition is more generally accepted in our school than that a dose, to be homœopathic, need not be a high potency dose. The true definition of a homœopathic dose is, *any quantity of medicine capable of effecting a cure*. If we do not admit this, we must admit that allopathists cure by virtue of the law of *contraria*, and if we do this, we give them vantage ground at once. *All cures are homœopathic cures*, whether made with the 200th or with grain doses of the crude drug. For example, Hahnemann cured a severe case of *hemicrania* with *Veratrum album*—"four powders, each containing four grains"* of the crude powdered root. Although the patient took two powders a day, instead of one, and aggravated the pain temporarily, yet it was as brilliant a cure as ever Hahnemann made with the 30th potency.

The remarkable cures made by eclectics with *Caulophyllum* and *Dioscorea*, were made with material doses. Are such cures to be denied and pronounced worthless? If so, then Hahnemann's cure with *Veratrum* must be placed in the same list. I do not say that such material doses are necessary to the cure; but if they remove suffering, or prevent dangerous conditions, let us, instead of ignoring them, claim the remedies as gifts of Providence, and by experience show that they really cures according to our *law*.

* Lesser Writings.

If an eclectic cures a cough of long standing and grave appearances, with crude doses of *Rumex* or *Sanguinaria*, is not the cure as good, as homœopathic, as though made by Joslin or Hering, with the 30th or 200th dilution?

Those who are familiar with my theory of the action of medicines, and the law of dose deduced therefrom, need not be told that I would consider that where an allopathist does not use a drug in a certain disease, for fear of aggravations, that the drug is *primarily* homœopathic to such disease, and must be used in a high dilution; also, that when the opposite school cure a disease or condition with *material* doses, as, for instance, uterine inertia, with *Ergot* or *Caulophyllum*, paralysis with *Nux vomica*, etc., the drug must be *secondarily* homœopathic to the condition, and will generally act better in the lower dilutions.

Our course, as consistent homœopaths, is, to *claim all cures as made by the law of similia, and prove them to be such*, as did Hahnemann. The law discovered by our great master is all-embracing, universal, and the sooner his followers adopt this proposition, the better it will be for the honor and influence of our school.

CHICAGO, 1866.

For the American Homœopathic Observer.

HIGH AND LOW POTENCIES.

BY H. N. MARTIN, M. D., BUFFALO, N. Y.

In view of the expected advent of Asiatic Cholera amongst us this season, the following case may possess some interest:

March 18th, 1865. Mr. S. W. C., aged about 45 years, called at my office at 9 o'clock P. M.

Symptoms.—1st, Nightly, frequent, profuse, watery discharges from the bowels. It comes in a gush, like a torrent of water.

2d. Gurgling, like water, commences at the stomach and goes through to the anus, then follows the profuse watery stool. Soon after stool the gurgling commences again, and then again stool, following each other in rapid succession.

3d. Occasional vomiting of a substance like the white of an egg beat up in water.

The above symptoms were confined to the night time. He had not had his clothes off in five nights. Another physician had been treating him with *Phosphorus* without relief. I gave him *Jatropha curcas* ²⁰⁰, one dose.

March 19th.—Reports himself worse all night, but feels stronger this morning, and food relishes much better. Thinks he is a great deal better.

March 20th.—Reports himself entirely well. Took his clothes off and slept well all night, and had a natural stool this morning.

I now made particular enquiries about his case, and find that many years ago he had cholera; was treated allopathically. The cholera attack was relieved, but typhoid fever supervened, and he took so much calomel that he lost all his teeth. Finally he obtained a homœopathist, and after a long time, recovered, with a shattered constitution. He says he has ever since, as frequently as once a month, been subject to such attacks. They usually, however, last but one or two nights and then get better without treatment. Considering the fact that he had been subject to these attacks, and that they have usually got well without treatment, that they generally last but two or three nights at the most, and this attack having lasted five nights, I came to the conclusion that this attack would have ceased as it did if I had not given the *Jatropha curcas*.

Last Monday, (April 9th, 1866,) more than a year having elapsed, while in conversation with Mr. C., he informed me that he had never had an attack of the kind since.

There are two questions which present themselves as worthy of consideration in this case: 1st.—Was it the 200th potency of *Jatropha curcas* that cured him? 2d.—Was it possible the medicine medicine could have produced such an aggravation as he represents?

The following case may interest those who believe in low potencies and new remedies:

Mr. S——, applied to me in July, 1865, for treatment in a case of chronic constipation. He had been afflicted with it for twelve years. He had what would be called a perfect *Nux vomica* condition. I had some months previously prescribed that remedy for him without relief. He told me that he had taken *Nux* in all attenuations, from the lowest to the highest, without relief. I filled a dram vial of No. 5 pellets and saturated them with *Collinsonia canadensis*, 3d decimal attenuation, dose three pellets four times a day. He took three doses, lost his vial, and got well. He never has been troubled with constipation since. I got no credit for curing him, for he thinks he did not take enough to produce such a result.

For the American Homœopathic Observer.

PROLONGED MENSTRUATION.

Dr. H. B. Van Norman writes:—"I would like to ask a question through your excellent *Observer*, and I should be pleased to have you or any of its numerous readers answer it.

I am acquainted with an old lady who menstruated regularly until she was 75 years old, and, during every period, the mammary glands would secrete milk. Does any one know of a more singular case?

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Hahnemannian Life Insurance Company.

The New York Insurance Monitor and Wall Street Review, for April, 1896, contains the following notice of this new Institution:

"It seems to us as though it were but a few months ago that Life Insurance was comparatively unknown and but few were at all interested in it. Now it is familiar to every one, and its great benefits are beginning to be generally appreciated, yet it is even now but in its infancy, and it will be many, many years, before it attains its full growth and is as generally practiced as it should be. The returns made to the Superintendent of the Insurance Department of the State of New York show that all the companies combined, of this State, of other States and foreign, issued but 98,656 policies, insuring a trifle over two hundred and forty-six millions of dollars. This at the first glance to the uninitiated and unthinking may seem rather large; but when it is remembered that the city of New York alone contains one million souls, and that the eighty-six thousand persons insured last year are scattered all over the United States, the number sinks into utter insignificance.

Of late years life insurance has attracted the attention of many scientific, studious men, and it has consequently advanced more rapidly and under more substantial improvements than ever before. Many new features have also been introduced, which commend themselves to the public, the last of which is the establishment at Cleveland, Ohio, of the Hahnemannian Life Insurance Company, the pioneer Homoeopathic Company in the United States.

The idea originated some months ago at a meeting of a number of the most prominent and respected homoeopathic physicians of that and other States. It was by them closely followed up, the most reliable statistics were obtained, and after much care and study the matter was put in shape, and this Company organized in the special interests of the homoeopaths, risks upon whose lives, they, after the most careful calculations, feel authorized and agree to accept at one per cent. below the ordinary rates. The Company has an ample paid-up cash capital, and its Board of Directors is composed of many of the most wealthy and substantial merchants of Cleveland. Its President, Mr. H. M. Chapin, is Mayor of Cleveland, and one of its most esteemed citizens. Its Secretary, Mr. Asher S. Mills, is well known to the insurance fraternity of this State. As an energetic and untiring manager we well know him. A graduate of the old "Mutual Life," he there gained much valuable information; and the care and study he has since bestowed upon his profession, have gained for him a proud position among our most intelligent and reliable life underwriters.

Thus ably officered and directed, and started upon a sound basis, the Company must prove a great success.

A good homoeopathist is required at Jacksonville, Florida. Address C. L. Robinson, Esq.

The Atlantic Mutual Insurance Company of Albany, N. Y.

By reference to the advertisement in our supplement it will be noticed that this company offer particular inducements to homœopathic physicians for their support. The physicians of Albany county, N. Y., thus write:

"We earnestly invite your cordial co-operation to introduce the Atlantic Mutual Life Insurance Company, to the physicians and patrons of homœopathy. It will be noticed, per circular, that this Company relies chiefly upon their support, perceiving the impropriety of insuring the patrons of the homœopathic and the allopathic systems of practice upon equal rates, they have decided to make a distinction in favor of the former class. Accordingly they propose not only to make a deduction of ten per cent from the regular rates charged by other first class Companies, on all premiums paid by the patrons of homœopathy, but, if practicable, to make a still greater deduction. Inasmuch as the comparative rates of mortality are not yet definitely ascertained, and believing that the results of a few years experience will establish the fact that a difference of from twenty to twenty-five per cent will be found to exist, and, that the patrons of Homœopathy may receive the full benefit of increased longevity to which their system is entitled, the officers of this Company intend to base the apportionment of dividends upon the ratio of mortality.

The practical advantage of this plan, which has never been adopted by any other Company, will be applied in increasing the dividends, or in diminishing the per centage of premium, as the case may be, in proportion as the ratio of longevity is increased.

Still another practical advantage is derived from the fact the exact superiority of the homœopathic system of medical treatment, over that of all others, will be conclusively demonstrated.

The practitioners and patrons of homœopathy will readily perceive that their interests will be permanently promoted by giving to this enterprise their united and cordial support, as its success is coincident with the interests of the homœopathic practice of medicine.

D. SPRINGSTEED, E. DARWIN JONES, L. M. PRATT,
H. M. PAINE, J. W. COX, W. J. BAKER,
J. S. DELAVAN, W. H. RADDE.

Homœopathic Physicians residing in Albany County.

I cordially recommend the Atlantic Mutual Life Insurance Company to the patronage of the homœopathic profession.

H. M. PAINE, M. D., Medical Examiner.

Secretary of New York State Homœopathic Medical Society.

AN INTELLIGENT PHARMACEUTIST.—An M. D., (?) who proposes to undersell those who deal in pure preparations, speaks of "what *Radey dos*," (Wm. Radde does,) of *Hyles* (Hill's healing art.) *Ducamara* for *Dulcamara*, *Rus* for *Rhus*, *neade* for *need*, etc., etc., etc.

Radde W. H. has made W. A.

Colleges, Societies, etc.

SOCIETIES—WHEN AND WHERE THEY MEET.—1866.

The "*American Institute of Homœopathy*" at Pittsburgh, on Wednesday, June 6th, 1866.

Pennsylvania Homœopathic Medical Society, first meeting at Pittsburgh, Tuesday, June 5, 1866.

The "*Homœopathic Medical Society of Ohio*" at Columbus, Tuesday, June 12th.

The "*Michigan Institute of Homœopathy*" at Detroit, on Tuesday, June 19, 1866.

EDWIN A. LODGE, M. D., *Secretary*.

The "*Massachusetts Homœopathic Society*," Annual Meeting, Wednesday, April 11, Semi-annual Meeting, Oct. 10.

The *North-Western Provers' Association*, on Tuesday, Nov. 13, 1866, at 168 Clark street, Chicago.

J. CATION DUNCAN, M. D., *Rec. Sec.*

The "*Homœopathic Medical Society of Wisconsin*," at LaCrosse, Wednesday, Oct. 17, 1866.

H. B. DALE, M. D., *Secretary*.

New Hampshire Homœopathic Medical Society at —, Jan. 20.

J. H. GALLINGER, *Secretary*, Concord, N. H.

New York State Homœopathic Medical Society, at Albany, N. Y., on second Tuesday in February, 1867.

H. M. PAINE, M. D., *Secretary*, 104 State-st., Albany.

[Secretaries of Societies will oblige the Editor by sending their names and addresses, with dates and places of meeting, copies of proceedings, &c.]

MICHIGAN HOMŒOPATHIC INSTITUTE.

The second annual meeting of the Institute will be held in the basement of the Christian Church, corner of Jefferson avenue and Beaubien street, on Tuesday, 19th day of June.

The following special committees, appointed at the last meeting, are expected to make reports:

On Honorary Membership—Drs. A. W. Walker and S. W. Patison.

On Publication—Drs. E. A. Lodge, and E. H. Drake.

On High Dilutions—Dr. E. H. Drake, E. R. Ellis, I. D. Craig, A. Walker and F. Woodruff.

On Cases Cured with one Remedy—Drs. G. T. Rand, I. N. Eldridge, J. B. Tuttle.

On Provings of Indegenous Remedies—Drs. L. M. Jones, P. H. Hale, H. B. Bagley.

On Dose—Drs. C. J. Hempel, Isaac Douglass, C. A. Williams.

On Surgery—Drs. E. R. Ellis, A. J. Sawyer, Smith Rogers, A. Farnsworth.

On Pathology—Drs. E. H. Drake, A. J. Sawyer, J. R. Hyde.

On Obstetrics—Drs. A. Walker, J. W. Pattison, A. Bagley.

On Medical Electricity—Drs. W. J. Calvert, Joseph Sill, E. L. Roberts, J. A. Albertson.

On Physiology—Drs. J. M. Long, A. W. Walker, F. Finster.

On Homœopathic Colleges and Homœopathic Professorship in State University—Drs. C. J. Hempel, E. H. Drake, F. Woodruff.

On Small Pox—Drs. Lewis Taylor, F. X. Spranger.

On Delegates to other Societies—Drs. John R. Smith, A. R. Ball, Orrin Fowle.

On Anatomy—Drs. S. N. Coons, T. R. Huntington, C. J. Covey.

On Chemistry—E. C. Wilbur, A. B. Spinney, T. B. Lamb.

THE ANNUAL ADDRESS WILL BE DELIVERED BY PROF. C. J. HEMPEL.

CHAIR OF HOMŒOPATHY IN THE MICHIGAN STATE UNIVERSITY.

At a meeting of the Board of Regents, held March 27th, 1866, at Ann Arbor, the following application was presented and referred to the Committee on the Medical Department.

[This will be the final appeal of our physicians to the Regents; if rejected they will apply to the Supreme Court.]

To the Honorable the Board of Regents of the University of Michigan :

Your petitioners, a committee of the Homœopathic Institute of Michigan, for and on behalf of the homœopathic physicians of the State, respectfully represent as follows :

That by section 2187 of the Compiled Laws of Michigan, (vol I, p. 711,) authorising the Regents of the University to appoint a President, Professors, &c., it is "*provided that there shall always be at least one Professor of Homœopathy in the Department of Medicine.*" That although several applications have hitherto been made to your Honorable Board that such appointment be made, in order to carry

out the obvious intent of the Legislature, these applications have not, up to the present time, been attended with success.

Your petitioners, while fully recognising not only the right but the duty of the Regents to await a reasonable length of time before making such appointments, and to guard against the Chair of Homœopathy being filled by an incompetent person, beg leave to call to your remembrance *that more than eleven years* have elapsed since this legislative recognition of the value of the homœopathic system and the necessity of securing to it in our University privileges equal to those granted to other systems.

The rapidity with which homœopathy has grown in popular favor, in the face of ancient theories and against a vigorous and continued opposition, is a sufficient proof of its utility. In Europe it has enlisted eminent names in its support. In Scotland, Austria and Prussia practitioners of homœopathy have honorably filled professorships in various universities. In our own State alone more than two hundred practitioners of homœopathy are found. No inconsiderable portion of our population, after a fair trial, is convinced of its merits and fully satisfied with its results.

We assume, therefore, that it will be conceded that the day of experiments and doubt has passed; that homœopathy is an established system, tried and approved, and destined to no mere ephemeral existence. Does not the public good, therefore, require that the intent of the Legislature, so emphatically expressed, should be carried out at as early a period as possible? Does not the health and welfare of the vast number of our inhabitants who are willing to confide in this system demand that its practitioners should receive an equal education and be entitled to equal privileges in our University with those who practice otherwise? Is it justice to those to whom are to be entrusted the health and lives of many of our citizens to deprive them of the liberal advantages of our University and compel them to go to other States to receive the benefits which the munificence of the Federal government has initiated, and the care of our State government has fostered at our own doors? Finally, will not a longer neglect of the appointment of a professor of homœopathy be a practical condemnation of the system? Will it not be giving to another system an unjust preference? Is it not the creation, or at least the perpetuation, of a monopoly inequitable in itself and incompatible with the elucidation of truth? Homœopathy desires no paramount advantages, no other favor than an equal opportunity. It is willing to stand or fall as its merits or its defects shall prevail.

The objection is often advanced that the theories of allopathy and homœopathy cannot exist side by side in an institution of learning. Such has not been the experience of other countries. We believe that the objection is more specious than real. There is no more inherent belligerency between allopathy and homœopathy, which renders positive acts of hostility necessary, than between the various sects of religion or parties in politics. We are compelled to admit that homœopathy has labored against obloquy and aspersion. Much of this and the prejudice against it, would doubtless be overcome by giving it a recognised position in our University and placing it on the same ground as the other branches of science. But even admitting that the professors of the two systems should be unable to act together in the most perfect harmony, we respectfully submit that this is no valid reason why the one should be admitted and the other excluded. The law has recognised both, and equal rights should be conceded to both. Public opinion is not very unequally divided as to the utility of each, and each should have a fair chance. There are those who earnestly believe in the superiority of one over the other. The vital importance of discovering where this superiority lies, or if it lies anywhere, is too great to deny or refuse to either an opportunity for untrammelled competition as against the other. Some think that each has excellencies as well as defects. There are many who wholly prefer one system and care little for the other. There are many who desire to compare the two systems side by side, and examine their relative merits as set forth and explained by the professors of the respective theories. If both are true, then an equality should be conceded to both in our system of free university education. If one be entirely true and the other entirely false the truth cannot be more speedily elucidated and error more effectually discovered than by bringing them face to face. If each be partly true and partly false, no better method of discriminating what should be retained from what should be discarded can be devised than by placing the opposing theories in close contact.

For the reasons which we have stated, and for many others which will readily suggest themselves to your Honorable Board, we submit that the time has arrived for the appointment of "*at least one Professor of Homœopathy in the Department of Medicine*" in the University of Michigan; and on behalf of the homœopathic physicians of Michigan, we respectfully suggest the name of *Charles J. Hempel, M. D.*, of Grand Rapids, as a person entirely competent to fill the position, and as having the entire confidence of the homœopathic pro-

fession. Dr. Hempel is the author and translator of many important medical and scientific works, among which are

1. Hahnemann's *Materia Medica Pura*, four large octavo volumes.
3. Hahnemann's *Chronic Diseases*, five large octavo volumes.
3. Hartmann's *Acute and Chronic Diseases*, four large 12 mo. vols.
4. Rau's *Organon of the Specific Healing Art*, one large 8 vo. vol.
5. Hartmann's *Diseases of Children*, one large octavo volume.
6. Jahr's *Diseases of Women*, one large octavo volume.
7. Jahr's *Diseases of the Mind*, one large octavo volume.
8. Jahr's *Cutaneous Diseases*, one twelve mo. volume.
9. Hempel's *Organon of Specific Homœopathy*, one large octavo volume.
10. Jahr's *Symptomen Codex*, two very large octavo volumes, of upwards of a thousand pages each.
11. Hempel's *Repertory of Homœopathy*, one large octavo volume, of upwards of a thousand pages.
12. Hempel and Beakley's *Manual of Homœopathic Practice and Surgery*, one large octavo volume.
13. Hempel's *Domestic Homœopathy*, one volume octavo, in German.
14. Hempel's *Domestic Homœopathy*, one volume published in French.
15. Hempel's new and comprehensive *System of Materia Medica and Therapeutics*, two large octavo volumes, of about one thousand pages each. This work has had two editions, both of which have been republished in England.
16. A number of small Essays, etc.

He was lately a professor in the Homœopathic College at Philadelphia, is a physician of large experience and acknowledged ability, a gentleman of varied culture and moral worth. We believe that his appointment would be perfectly satisfactory to the homœopathic physicians throughout this State, and do most respectfully and earnestly ask that the Board of Regents will take his name into their favorable consideration.

And your petitioners will ever pray, &c.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Gaylord D. Beebe, M. D., General Secretary, announces that the Institute will hold its nineteenth annual meeting in Masonic Hall, 5th Street, Pittsburgh, Pa., commencing Wednesday, June 6th, at 10 o'clock A. M.

A preliminary meeting will be held on Tuesday Evening, June 5th, at the house of M. Cotè, M. D., No. 284 Penn Street, at which all members of the Society are cordially invited to be present.

The Annual Address will be delivered on Wednesday Evening, June 6th, at 8 o'clock, in the same hall, by W. T. Helmuth, M. D., of St. Louis; Pusey Wilson, M. D., of Philadelphia, alternate. After which the members of the Institute and their ladies, are invited to meet the Homœopathic Medical Society of Alleghany County, at Lafayette Hall, on Wood Street.

The report of committees and the discussions upon scientific subjects, promise to be of unusual interest, and this meeting is looked forward to as likely to be the most profitable in the history of the Institute.

Book Notices, etc.

IMPORTANCE OF PATHOLOGICAL INDICATIONS IN THE SELECTION OF REMEDIES. By Edwin M. Hale, M. D., of Chicago, Ill. Transactions of the New York State Homœopathic Medical Society, 1865.

The following notice is from the pen of our esteemed contributor, J. C. Peterson, M. D., of Union Springs, N. Y.

We were exceedingly pleased, when reading Dr. Hale's article with the above title, to find that one of our school had come out with a perfect demonstration upon the subject of *pathological indications*. Pathology has been quite ignored by most of the practitioners of our school, much to the injury of the system. This neglect of an important branch of medical science can easily be accounted for. When we select the remedy in any given case that is *truly* homœopathic to the diseased condition, it naturally covers all symptoms, both objective and subjective. This, at the present time, results from the truthfulness of the law of *similars*, and not from a premeditated effort on the part of the prescriber. We all found this so far superior to the dominant method of dosing that we have folded our hands and thought that the Alpha of medical science had been reached, and no advance was to be made from the dogmas of Hahnemann. We therefore have been willing to do without those collateral aids, which are now beginning to claim proper recognition.

But when we consider how seldom the homœopathic dose is exhibited in *strict* accordance with the homœopathic law, we can appreciate more fully the importance of a thorough pathological knowledge of disease and the therapeutical pathological power of the drug we pre-

scribe. Dr. Hale presents this theory: "The truly pathological symptoms (objective symptoms or structural lesions) caused by a drug, are alone often sufficient data upon which to base our selection of the specific homœopathic treatment. And, furthermore, that when we shall have pathogenesis of all our most important drugs, which shall contain all the subjective and objective symptoms of such drugs, we shall be able to select the curative remedy with a certainty as much superior to the ordinary method in use in our school as that method is superior to that of the allopathic."

The Doctor illustrates this principle by the action of *Tartar emetic*, and, as far as this drug goes, he fully sustains his position.

The old school has given us reliable pathological instructions of all the leading remedies used by them. Who has not witnessed the extensive lesions produced by Mercurials, and when we meet similar lesions, resulting from diseased action, with what confidence do we prescribe the attenuated *Mercurial*, as the truly homœopathic specific. Opium and its salts is another remedy that the *heroism* of the dominant school have fully demonstrated. The suicide who swallows his dose of poison and the murderer who administers the deadly draught unwittingly makes a contribution to pathological science, and perhaps Heaven has permitted this enormous dosing and this murdering for the very purpose of furnishing us with a medical history that it would be impossible otherwise to obtain. From these sources—allopathy and crime—we can collect much valuable information.

Dr. Carroll Dunham, of New York, in a clinical report published in the Transactions of the New York State Homœopathic Medical Society, 1865, page 326, seems to take a position contrary to that assumed by Dr. Hale. His case is as follows: "A child was attacked with a disease whose symptoms were similar to Asthma of Muller. Prof. Clark made the diagnosis as *chronic laryngismus*, and the child was placed under the care of a scientific homœopath without benefit. Dr. D. was consulted, and upon examination of the case he resolved to dismiss from his mind "all notions concerning the seat and probable pathological nature of the disease," and he made a detailed account of the child's symptoms. By investigation he found that *Nux vomica* corresponded with the totality of the symptoms he had arranged. Thereupon he prescribed *Nux* and the child recovered very promptly. He concluded the article in these words: "If such a mode of practice as this be, as is charged, *unscientific*,—if it ignore the science of pathology and diagnosis as basis of treatment—this much, at least, may be said in its favor, that it far surpasses every

other method in the facilities it affords for the fulfilment of one most important object of the physician—*the cure of the patient.*”

No, we would not pronounce it unscientific any sooner than we would call it unsuccessful. Dr. D. acted according to the best information he possessed. Had we a proving of *Nux*, embracing its full pathological power, (objective symptoms,) and were we sufficiently acquainted with the pathological alterations and lesions which the symptoms of this case would produce, how easily and how correctly could the proper remedy have been selected, even by the first attendant.

The tendency of every disease is to produce alterations at the point of location. That alteration may be simply functional, or it may result in lesion or other structural changes. These results are made manifest to a second person by symptoms. These symptoms may be sensations which are only discovered by the patient, or symptoms occur which the examiner may be cognizant of by his own individual senses. The totality of these symptoms constitute the case as it is at the moment. In prescribing according to the ordinary method we exhibit the drug whose pathogenetic symptoms most nearly correspond to the symptoms of the case. We do not prescribe otherwise because we know no better method, and we know no better because we have no pathological pathogenesis of our drugs. Had we a further knowledge, such as is advocated by Dr. Hale, we could then make our selection, not only for the present condition, but we would take into consideration the future of the case, and thereby be enabled to anticipate and combat those symptoms that under the present method we have to prescribe for as they occur.

It is the duty of the profession to possess and put into practice as much knowledge as possible, and I hold it as true, that a good knowledge of pathology is of more assistance than detriment, and as soon as we can have written out a pathological pathogenesis of all the leading remedies will our pathology be of practical benefit at the bedside of the patient, instead of a study only to be pursued at the side of the cadaver. We would commend the article by Dr. Hale to the serious consideration of the profession, and we trust that he will extend his investigations to other remedies.

THE CATTLE PLAGUE; its pathology and treatment, with an analysis of 202 cases, treated homœopathically, by Alfred C. Pope, M. D. London, Henry Turner & Co., 1866.

The Doctor proves that the Rinderpest is curable, and furnishes explicit directions for the treatment.

NEW REMEDIES, their pathogenetic effects and therapeutical application in Homœopathic practice. By E. M. Hale, M. D. Part I. Published at Dr. Lodge's Homœopathic Pharmacy, Detroit. Price, \$1.

"This is a second edition, enlarged, and published in parts, of the work known as 'Hale's New Remedies.' In it are collected all the provings of these new and mostly indigenous remedies, together with such clinical notices of them as can be found scattered through the pages of the Allopathic, Eclectic and Homœopathic periodical literature. In so far as this work may serve to draw attention to these remedies, some of which are valuable, and so promote their being fully proved, it will perform a most important use."—*Hahnemannian Monthly*.

"The first part of the work, the title of which is given above, containing pages 16—160, has been sent us by the publisher. The first edition was well received by the profession. We are glad to notice a great improvement in the mechanical execution of the portion of the work before us. Dr. Hale deserves great credit for his laborious efforts to enlarge our materia medica, and is a very industrious collector of facts in relation to the action of medicinal agents, which we trust some medical philosopher will ere long arrange and combine, and present to us in some tangible, reliable manner, by which the various facts may be understood and harmonized, and thus the application of the agents, in accordance with the law of Homœopathy, may be rendered plain and the results certain. We would advise every physician to purchase Dr. Hale's Book and carefully study the same, being assured they will derive much profit thereby."—*American Homœopathist*.

A PRACTICAL HOMŒOPATHIC TREATISE ON THE DISEASES OF WOMEN AND CHILDREN, intended for intelligent heads of families and students of medicine, by Henry Minton, M. D. New York: Blelock & Co., 1866.

A well appearing octavo of 461 pages. For many things it will be considered preferable to any other homœopathic work adapted to popular use. It is written so clearly that any intelligent woman will readily comprehend it. As a matter of taste, we regret that Dr. Minton did not, throughout the work, use the term woman instead of female.

The treatment proposed for the different diseases is generally judicious, but there are here and there great deficiencies. *Hepar sulph.*, *Phosphorus*, *Silicia*, *Sulphur*, *Arnica*, *Graphites* and *Calcaria carbonica* are recommended for mammary abscess, and no reference made to *Phytolacca decandra*, which is found to arrest the inflammation and prevent the formation of matter almost invariably if promptly used. Then the solution of *Borax*, prescribed for Aphthæ, (page 212,) is

vastly inferior to *Hydrastis canadensis*. *Pulsatilla* $\frac{1}{10}$ will cure Stye quicker than *Silicia* 200.

Ninety remedies are found in the table of medicines, some of them articles which are very rarely used, and nothing said of the new remedies which are found to be so efficacious.

HILL'S EPITOME IN GERMAN.—A valued correspondent says : "Domestic books and practitioners in no wise injure the work of the regular physician, but help it on. Now there is at present no domestic work in German which mentions the new remedies and is written on the plan of Hill's Epitome. Small in German is small ; Hempel in German consists in giving *Aconite* first and last ; and Hering is too diffuse. A free translation of Hill's Epitome would do better. It gives the new remedies, it gives perceptible doses in quick succession, and is concise and to the point. Our rough country-folks, living on corn dodgers and middlings, cannot be cured by *Aconite* 200, one pellet in a tumbler full of water, and a teaspoonful every Sunday morning. Then, as to dietetic rules and drinks, they must be adapted to the condition and customs of the Germans. Also, regard must be had to their peculiar notions and traditions from the old fatherland."

We expect to publish a work this year similar to that proposed by our correspondent.

ON THE USE OF MEDICATED INHALATIONS IN THE TREATMENT OF DISEASES OF THE RESPIRATORY ORGANS, by John M. Scudder, M. D., etc., etc. Cincinnati: Moore, Wilach & Baldwin, 1866. \$1.

We acknowledge the receipt of a copy of this work from Prof. Scudder. The homœopathic physicians may gather many useful items, but will find no satisfaction in the use of the various *compounds* recommended for inhalation.

A SYSTEMATIC TREATISE ON ABORTION, by Edwin M. Hale, M. D., Professor of Materia Medica and Therapeutics in Hahnemann Medical College, etc., etc. Chicago: C. S. Halsey, 1866. Price \$3. For sale at Detroit Homœopathic Pharmacy.

An octavo of 347 pages, well printed and illustrated by two colored lithographs and several wood cuts.

This is the first systematic work on the subject that has appeared, and every page gives evidence of the industry and ability of the author.

At another time we expect to devote space to an extended review of the book.

AMERICAN HOMŒOPATHIC OBSERVER.

THE AMERICAN PRACTICE CONDENSED, OR THE FAMILY PHYSICIAN.
Being the Scientific System of Medicine, or Vegetable Principles,
designed for all classes. By W. Beach, M. D.; 56th edition,
1865. \$5.

We understand that \$5,000 was paid for the copyright of this book. Having sold for so high a price, and reached the fifty-sixth edition, some would suppose that it is an original and valuable work.

Let us enquire into its originality.

Beach, (copyrighted 1842) page 456.

"By some *physicians* it has been considered rather as a paralytic affection than as a convulsive disorder, and has been thought to arise from a relaxation of the muscles, which, being unable to perform their functions in moving the limbs, shake them irregularly by jerks."

Beach, page 505.

"— a partial or total obstruction of the menses in women from other causes than pregnancy or old age. The menses should be regular as to the quantity and quality; that their discharge should observe the monthly period, is essential to health. When it is obstructed nature makes her efforts to obtain for it some other outlet; if the efforts of nature fail the consequence may be fever, pulmonic diseases, spasmodic affections, hysteria, epilepsy, mania, apoplexy, green sickness, according to the general habit and disposition of the patient."

Page 221 Hooper's Medical Dictionary. (copyrighted 1839.)

"By some *practitioners* it has been considered rather as a paralytic affection than as a convulsive disorder, and has been thought to arise from a relaxation of the muscles, which, being unable to perform their functions in moving the limbs, shake them irregularly by jerks."

Page 56 Hooper's Medical Dictionary.

"A partial or total obstruction of the menses in women from other causes than pregnancy and old age. The menses should be regular as to quantity and quality; and that this discharge should observe the monthly period is essential to health. When it is obstructed nature makes her efforts to obtain for it some other outlet. When these efforts of nature fail the consequence may be pyrexia, pulmonic diseases, spasmodic affections, hysteria, epilepsy, mania, apoplexy, chlorosis, according to the general habits and disposition of the patient."

Throughout the work paragraph after paragraph can be found which has been taken from Hooper's Dictionary, without reference or quotation mark. The treatment has been gathered from botanic sources. Yet we hear Eclectics talk of the *eminent* Dr. Beach and his introduction of the reformed practice of medicine.

As to its value but little can be said. On the title page it pretends to be botanic, but it is far from being exclusively botanic in its prescriptions; many minerals are employed. A brief reference to homœopathy shows that Dr. Beach knew nothing about it. One of the lessons to be learned from homœopathy he very gravely declares to be "*to give medicines as concentrated as possible.*"

1. TRANSACTIONS OF THE NORTHWESTERN PROVER'S ASSOCIATION OF HAHNEMANN MEDICAL COLLEGE, vol. 1, pp. 19. C. S. Halsey Chicago.
2. "HOMŒOPATHIC ORGANIZATION," March No. "NEW ENGLAND MEDICAL GAZETTE."

The Faculty and Students, or a portion of them, of the Hahnemann Medical College, have organized themselves into a society hav-

ing for its object the augmentation of our Materia Medica. This laudable object is set forth in the following

PREAMBLE.

"We, the undersigned, recognizing the importance of a knowledge of the physiological action of drugs, do hereby form ourselves into a Society for the purpose of proving the same, believing that much benefit will accrue, not only to ourselves, but to the entire profession."

The Constitution provides that the Association shall be composed of Physicians, Pharmacutists and Students of Medicine. The By-Laws are excellent, and we quote some of them:

"SECTION 1. This Association shall hold two sessions annually in Chicago—one on the second Tuesday of November for the election of officers, which shall be done by ballot—the other on the third Thursday of February.

SEC. 5. It shall be the duty of the Recording Secretary to keep a record of all meetings and provings of the Society, and act as general Secretary.

SEC. 6. It shall be the duty of the Corresponding Secretary to correspond with Physicians, Students of Medicine, and other persons who may wish to engage in the proving of drugs, and report the same to the Association, and to give notice of all meetings, elections and other transactions of the Association.

SEC. 7. There shall be a Committee of three, composed of the President, Recording Secretary and such other person as the Association may elect, whose duty it shall be to draw up a set of rules for the government of provers; select the drugs to be proved; systematise the provings as fast as received, and report the same to the Association, and act as a Publishing Committee.

SEC. 8. Each member of the Association is required to contribute at least once a year a proving, partial proving, or toxical effect of a drug, or a clinical fact, and send a copy to the Committee of three.

By this organization the members will be enabled to work to advantage, and their results will become the property of homœopathy, and be preserved for the benefit of the profession.

The following are the officers of the Association,

President—E. M. HALE, M. D., 124 Clark Street, Chicago, Ill.

Vice Presidents—H. T. F. GATCHELL, M. D., Kenosha, Wis.; E. PARSONS, M. D., Watuga, Ill.; J. DEVILLE DENNIS, M. D., Watrous-ville, Mich.

Recording Secretary—T. CATION DUNCAN, M. D., 59 Clark Street, Chicago, Ill.

Treasurer—C. H. COGSWELL, M. D., Moline, Ill.

One of Committee—F. W. GORDON, M. D., Sterling, Ill.

Honorary Members—JOHN F. GRAY, M. D., New York City; W. H. HOLCOMBE, M. D., New Orleans, Louisiana; E. A. LODGE, M. D., Detroit, Michigan.

Honorary Corresponding Secretaries—C. HERING, M. D., Prof. of Practice, Philadelphia College, Penn.; A. LIPPE, M. D., Prof. of Materia Medica, Philadelphia College, Penn.; C. DUNHAM, M. D., Prof. of Materia Medica, N. Y. Woman's College, New York; G. W. BARNES, M. D., Prof. of Materia Medica, Cleveland College, Ohio; J. T. TEMPLE, M. D., Prof. of Materia Medica, St. Louis College, Mo.; G. E. SHIPMAN, M. D., Emeritus Prof. of Materia Medica, Hahnemann College, Ill.; D. S. SMITH, M. D., President of Hahnemann College, Ill.; J. S. DOUGLAS, M. D., Milwaukee, Wis.; W. H. BURT, M. D., Lyons, Iowa; C. J. HEMPEL, Grand Rapids, Mich.

The importance of a well digested set of regulations governing the manner of proving has not been overlooked by the young Association, as is shown by the following

RULES.

1. Each person is expected to provide himself with a note-book, in which he will record faithfully the following general requirements:

2. His name, age, temperament, disposition, constitution, occupation, (day by day,) habits, manner of living, hours of sleep, meals, exercise, &c.

3. Locality of the prover, the year, month, day, season, weather, (changes thereof,) and if there is any epidemic or endemic in the vicinity.

4. State of health for several days prior to taking drug.

5. Name of remedy, attenuation, amount taken, how taken, when taken, and each repetition.

6. Note each symptom carefully and faithfully as near as possible in the order of their occurrence, and as soon thereafter as convenient, stating the time of their appearance or reappearance and duration.

7. All prominent symptoms may be underlined so as to render them conspicuous.

8. In describing the locality of symptoms, technical terms must be employed.

9. Describe carefully, each morning, all symptoms which may have occurred during the night.

10. Let each remedy be faithfully tried one week; intermit one or more weeks, then resume again.

11. Do not change the habitual diet.

12. No member is expected to prove any remedy but what is directed by the Committee.

13. Any member who wishes a remedy proved must send the same to the Committee, who will give precedence according to date of arrival.

That the Association means work, and that they have already accomplished considerable, is shown by the following list of remedies that have already been tested by the members: *Eupatorium purpureum*, (see Hales 2d edition), *Eryngium aquaticum*, (see Hale's 2d edition), *Arsenicum iodidum*, (see U. S. Medical and Surgical Journal,) *Lycopus virginicus*, *Mitchella repens*, *Myrica cerifera*, *Nym-*

phæ odorata, *Ostrya virginica*, *Ptelia trifolia*, *Scutellaria laterifolia*, *Senecio aureus*, *Sticta pulmonaria*, *Stillingia sylvatica*, *Tecoma radicans*, (see Hale's 2d edition.)

While, in addition to the re-proving of the above named remedies, the Association have selected *twenty-two* new remedies for proving during the coming year, including many that will enrich our *Materia Medica*. We would suggest to the Association the provings of *Oleum Cajuputi*, the volatile oil of the leaves of *Melaleuca Cajuputi*, a tree growing in the East Indies.

In order to bring the labors of the Society prominently before the profession, the following was resolved

On motion, Whereas the funds of the Association are so meagre that we will not be able to publish our provings, cases, &c., with the Transactions this year; and whereas they would be more available to the profession in a compact form, with other new provings; and whereas Prof. Hale agrees to insert them in the new edition of *New Provings*, giving each prover, and the Association, due credit; therefore

Resolved, That we place the same at his disposal, to be duly inserted in the second edition of the *New Provings*.*

The President of the Association, Professor E. M. Hale, M. D., entertained the members at his private residence, where both the physical and mental man was feasted, and had such a good time generally that we can only wish we had been there. During the evening the President addressed his friends. We quote the following:

"Your Association, this winter, has not been idle. Nearly one half of the whole class are enrolled as members of your Society. With a commendable self sacrifice, you have not hesitated to take medicines until you felt their influence on your system, in the causation of many forms of physical and even mental suffering. Twenty-one out of thirty-four of your number have made experiments upon yourselves with 'drugs more or less powerful. This you have done under circumstances which would, it would seem, discourage almost any medical student from such an undertaking. When we come to enumerate your many duties, it is surprising that you engaged in the self-allotted task of physiological experimentation.

You have been obliged to listen to, and take notes of, from six to eight lectures every day. These lectures you must keep in your memory, and compare them, out of lecture hours, with the various text books of the different branches. Not only this, but you have attended the dispensary, labored in the dissecting room, and attended the sessions of the Hahnemann Institute.

When, may I ask, with all this labor, have you had time for rest and recreation? *Rest* you have had but little, except in the hours of

* The Society intends that Vol. II of the "Transactions, &c.," will contain all Provings, &c., made during the year.

sleep snatched from those of labor. And *such* sleep, full, I will warrant, of phantom shapes that in myriads danced athwart your dreams, and represented by their fantastic forms the abnormal manifestations of an overworked brain. *Recreation*, you have had none, unless it be a few moments, when in dim retrospect you have called up visions of dear ones far away. In view of all these duties, I repeat, your efforts in the direction of drug-proving have been most satisfactory and praiseworthy.

When I commenced the course of Lectures which are now so nearly ended, such was the precarious condition of my health that I did not dare to lecture before you but once a week, and did not know but each attempt would be the last. But to my own surprise and gratification, I was enabled to continue, and during the Senior Term appeared before you nearly every day."

"Eternal vigilance" is said to be the "price of liberty;" we might continue the adage and declare that *eternal study* is the price of medical knowledge. The attainment of that positiveness of medical knowledge that makes a competent homœopath, can only result from close and laborious study. No book of forms, warranted to stimulate or deplete, to sweat or soothe, or purge, lays at his elbow, out of which to copy the base, the corrective, the coloring matter, and the dilutant, all of which combined form an ordinary allopathic prescription; but he has his *pathogenesis*, in which is recorded the symptoms, elucidating the curative power of hundreds of drugs, embracing all departments of nature, and collected from the four corners of the earth. This is *his* book of forms, his therapeutics. To enlarge and perfect that book is the pride of every true homœopath; to confirm that already written, and to contribute new stores of provings, not only does credit to the prover, but promotes the efficiency of homœopathy, and thus relieves the suffering sick. The addition of *Veratrum viride*, *Dioscorea*, *Baptisia*, &c., has, to my certain knowledge, not only relieved unbearable anguish, but has, in more than one instance, in my hands, saved life. It must be pleasant for those who proved these drugs and brought them before the profession to reflect upon this fact. To enrich our materia medica is the object of this Association, and all credit is due to the gentlemen for the example they have set, not only other students, but old physicians. It is to be desired that the Western homœopaths will feel an interest and pride in this young society, and render it such aid as may be in their power, and that the subject having been brought to the notice of the profession, will result in the organization of many such associations, until the whole country is divided into districts, each supporting its society of provers. This being done it would be quite an easy matter to add ten new remedies

each year, and confirm many old provings. Our brave young Association propose to prove twenty-two."

The article upon homœopathic organizations truly states :

" Much of the rapid progress made by homœopathy in this country is due to the early formation of fraternities, societies, and institutes, in which members vied with one another in efforts for the advancement of the science.

It further states this shameful fact, that during the rebellion the government showed no appreciation of the truths of homœopathy, notwithstanding that at least one-third of the educated citizens place their reliance in that system. Until we organize and make our power felt and known by the government, it will be ever thus. Therefore it is a duty we owe ourselves and our country, to so organize by Counties, Districts, States, and Nation, that we need no longer appear as mendicants, but boldly *demand* our professional rights, and that homœopathy shall be represented in our government. By an organized effort we can make our government treat us with the respect and courtesy due a learned profession, and no longer treat us with the contempt due quacks and mountebanks. It rests with the profession, and with them alone,

The American Institute meets at Pittsburg in June next, when we believe the matter of delegates will be fully discussed, and some national organization effected that will embrace every homœopathic organization in the United States. Let us all pray that it be effected.

PETERSON.

THE LONDON AND PROVINCIAL HOMŒOPATHIC MEDICAL DIRECTORY,
Edited by Wm. Bayes, M. D. London: H. Turner & Co., 77
Fleet Street, E. C. 1866.

The Directory contains a list of registered practitioners; list of non-registered practitioners; list of homœopathic veterinary surgeons; London district list; Provincial list; list of members of British Homœopathic Society; New Medical Act; Homœopathic Hospitals and Dispensaries; List of English and American Homœopathic Books, Serials, and Tracts.

The list gives, in separate columns, name, address, registered qualifications, honorary degrees and appointments. It is very well arranged and neatly printed, and will doubtless be found a very convenient manual by English homœopaths. We need one somewhat similar for the United States.

Dr. John B. Hall advertised to publish a Homœopathic Directory last January. It has been anxiously looked for, but has not made its

appearance. We devoted considerable time to collection of material for a Complete Register of Homœopathic Physicians of the United States, but relinquished the work when Dr. Hall advertised his.

SUGGESTIONS TO YOUNG MEN ON THE SUBJECT OF MARRIAGE, AND HINTS TO YOUNG LADIES, AND TO HUSBANDS AND WIVES, by John Ellis, M. D., author of the *Avoidable Causes of Disease, &c.* N. Y.: C. S. Westcott & Co., No. 79 John Street, 1866. Pages 42.

The doctor has devoted considerable attention to hygiene, and presents many good thoughts in an acceptable manner. If the present pamphlet could be circulated freely it would do good, and we take much pleasure in introducing it to the notice of our readers.

SECOND ANNUAL REPORT OF THE NEW YORK WOMAN'S INFIRMARY ASSOCIATION, Washington Heights, 156th-street, New York City. December, 1865.

One hundred and fifty-four in-door and out-door patients were treated during the year 1865. No deaths. More than half the in-door patients, and nearly all the out-door patients, were treated gratuitously. The attending physician and surgeon, J. W. MITCHELL, M. D., is eminently qualified for the position, and we expect that his career will be one of prosperity, usefulness and honor.

SEVENTH ANNUAL ANNOUNCEMENT OF THE HAHNEMANN MEDICAL COLLEGE OF CHICAGO, ILLINOIS. Session of 1866-67.

The Junior Term is to open Wednesday, Oct. 26, 1866, and the Senior Term, Jan. 2d, 1867.

Professors—G. E. SHIPMAN, M. D., (Emeritus) *Materia Medica*; A. E. SMALL, M. D., (Emeritus) *Theory and Practice*; N. F. COOKE, M. D., *Theory and Practice*; G. D. BEEBE, M. D., *Surgery*; D. A. COLTON, M. D., *Anatomy*; R. WELCH, M. D., *Chemistry*; H. P. GATCHELL, M. D., *Physiology*; R. LUDLAM, M. D., *Obstetrics*; E. M. HALE, M. D., *Materia Medica*; J. S. MITCHELL, M. D., *Surgical and Pathological Anatomy, &c.*; C. WOODHOUSE, M. D., *Medical Jurisprudence*; A. E. Small, M. D., *Dean*; R. Ludlam, M. D., *Registrar*; A. E. Small, Jr., M. D., *Demonstrator*.

Last session, matriculants, 75, graduates 26. The prospects of the Hahnemann Medical College under the present Faculty are very encouraging.

CHOLERA, by Carroll Dunham, M. D., octavo, 24 pages; 25 cents. John T. S. Smith & Sons, 105 Fourth Avenue. For sale at Detroit Homœopathic Pharmacy.

A reprint of the excellent series of papers contributed to the "*N. Y. Independent*," with additions.

Personal Notices.

Allen.—Prof. H. C. Allen promises provings of *Iris versicolor* and *Permanganate of potash*, which will be looked for with much interest.

Barnes.—L. S. Barnes, M. D., a talented homœopathist, is now introducing the system in Cumberland, Md.

Baker.—Dr. P. Baker is Dr. Patchen's successor at Monmouth, Illinois.

Barbour.—A. C. Barbour, M. D., an accomplished physician, has removed from Lancaster, Ohio, to Toledo, in the same State.

Burt.—J. A. Burt, M. D., has sold his practice at Laporte, Ind.

Blanding.—Dr. Blanding succeeds Dr. Burt at Lyons, Iowa.

Burt.—W. H. Burt, M. D., has settled permanently at Lincoln, Ill., a field of labor twice as large as Lyons, Iowa, his former location. He will soon complete his provings, &c., of *Polyporus officinalis*.

Cooley.—Dr. Wm M. Cooley has located at Princeton, Ill.

Cameron.—C. C. Cameron, M. D., has located at Rondout, Ulster county, N. Y., where he is doing a good business.

Cowles.—Dr. E. Cowles succeeds Dr. T. B. Fowler at Watertown, Wisconsin.

Cleveland.—Our correspondents will gladly welcome as a co-laborer W. L. Cleveland, M. D., of Augusta, Ga., whose first contribution to the Observer appears in this number—“*Hydrastis in Small Pox.*”

Duncan.—T. Cation Duncan, M. D., sends a proving of *Trifolium pratense*, which will be published soon.

Eadon.—Dr. Eadon, who received the honorary degree of the Hahnemann College, is a prominent physician and writer of Banbury, England.

Fowler.—Dr. T. B. Fowler has removed to Kansas City.

Goodrich.—O. E. Goodrich, M. D., a graduate of Hahnemann College, has settled at Allegan, Michigan.

Hunt.—J. B. Hunt, M. D., a talented homœopathic physician succeeds Dr. Tuller at Newark Ohio.

Hewson.—Dr. Wm. Hewson removes to South Haven, Mich.

Hale.—E. M. Hale, M. D., on the reorganization of the Faculty of Hahnemann College, was elected Professor of Materia Medica, Therapeutics and Medical Botany. He will also lecture on Pharmacology during the summer course.

Halsted.—M. A. Halsted, M. D., has purchased Dr. Burt's practice at Laporte, Ind.

Hooking.—Dr. W. F. Hooking, of Bloomfield, N. J., wishes to sell his practice. See advertisement.

McFadden.—Where is W. McFadden, M. D., formerly of Seymour, Indiana?

Murray.—Augustus Murray, M. D., will please send his present address to this office.

Patchen.—U. R. Patchen, M. D., will practice in partnership with Dr. Paine, at Monmouth, Ill.

Stille.—Emma R. Stille, M. D., was elected a member of the Homœopathic Medical Society of the County of New York last December. *The first lady member.*

Taller.—E. R. Taller, M. D., for many years a successful practitioner in Newark, Ohio, has removed to Vineland, N. J.

Traver.—M. H. Traver, M. D., a graduate of N. Y. Homœopathic College, succeeds Dr. Hewson at Almont, Michigan. Dr. Traver is an excellent physician and worthy of the confidence of Dr. Hewson's former patients.

Tinker.—M. A. Tinker, M. D., sends us a new proving of *Sanguinaria canadensis* which is very acceptable.

Waldron.—Daniel Waldron, M. D., has opened an office in Washington, D. C.

Winegar.—Can any subscriber give us the address of Dr. Ira Winegar, late of Pewamo, Michigan?

Wilson.—E. H. Wilson, M. D., settles at Altona, Ills.

Zaremba.—Wm. Zaremba, M. D., has opened an office at St. Joseph, Mich.

Deferred Articles.

Homœopathic Statistics.

My First Steps.

Phytolacca decandra.

Plantago major.

Bronchitis.

Profuse Menstruation.

Proving of Sanguinaria canadensis, by M. A. Tinker, M. D.

Proving of Trifolium, by T. C. Duncan, M. D.

Scraps of Therapeutics.

The Bible of Homœopathy, and its Cardinal Principles, by A. J. Bellows, M. D.

Review of "What is Life?"

Homœopathy, by T. C. Hunter, M. D.

Cactus grandiflorus, by Dr. C. D. Williams.

And several others.

'COLLINSONIA CANADENSIS.

PROVING BY W. H. BURT, M. D., OF LINCOLN, ILL.*

April 27th, 1866. In perfect health ; bowels move once a day, moved this morning at 7 A. M. Tongue clean, good appetite. My temperament is sanguine nervous. *Æt.* 30, weight 145 lbs. 11 A. M., took half an ounce of the third decimal, prepared in water from the second alcoholic dilution. In half an hour dull pain over the eyes, with pressing pain in the right temple ; distress in the umbilicus, and eructations of air. 12 M. Dull frontal headache, with tearing pains in both knees, passing down the inside of the legs to the feet while sitting ; neuralgic pains in the superior maxillary bone when in the open air. 2 P. M. Dull frontal headache, with frequent rheumatic pains in the arms, hands and legs. 3 P. M. Dryness of the nostrils, with frequent sharp pains in the right temple, and dull aching distress in the stomach and bowels. 4 P. M. Sharp, cutting pains in the stomach for five minutes while sitting down ; no more symptoms.

April 28. Slept well, but feel languid. 10 A. M. Took half an ounce. 12 M. Dull frontal headache, with frequent flying pains in the legs ; slight nausea, with distress in the stomach and bowels. 9 P. M. Great lassitude, with desire to sleep all day ; no stool.

April 29. Awoke with dull headache, and a feeling of great lassitude, which lasted all day, with great desire to sleep ; no stool.

April 30. Feeling languid, took half an ounce of the second decimal dilution in water. Produced constipation for two days, with a feeling of great languor.

May 1. Took twenty drops of the tincture prepared by Dr. E. A. Lodge. At 5 P. M., thermometer 56, strong west wind. 7 P. M. Light colored, lumpy stool, with hard straining, followed by dull pains in the anus and hypogastrium for half an hour. 9 P. M. Severe nausea, with hard cutting pains in the hypogastrium, and frequent emissions of flatus from the anus,—lasted one hour, when I went to sleep.

May 2. Awoke twice in the night with sharp, cutting pains in the hypogastrium. Awoke at 4 A. M., with severe cutting pains in the hypogastrium, and great desire for stool. Stool first part hard and lumpy, last part run from bowels thin as milk, with severe pains in the hypogastrium, accompanied with straining, severe nausea and fainting. The pains continued for fifteen minutes, when it was followed by another copious watery stool, with the same symptoms of the first. Went to bed, slept one hour, when I awoke with great pain in the hypogastrium and desire for stool. Stool of bile, mucus and yellow matter, accompanied by severe tenesmus, and followed by hard,

* Presented by W. H. Burt, M. D., to the Western Institute of Homœopathy, at its third Annual Meeting, held at Cleveland, May 23d and 24th, 1866.

cutting pains in the bowels. Tongue coated yellow along the centre and base, with a rough, bitter taste in the mouth. Feeling very weak and faint. Face quite yellow around the eyes. 8 A. M. Since last stool have had severe, cutting pains in the hypogastric region every ten or fifteen minutes, the pains were so hard that I was compelled to sit down each time, and became very faint; stool of yellow fecal matter, mucus and about one teaspoonful of blood, with tenesmus, and followed by sharp, cutting pains in the hypogastrium for fifteen minutes. 10 A. M. Small stool of mucus and blood, with tenesmus, preceded and followed by sharp, cutting pains in the hypogastrium. 12 M. Stool of bilious matter, mucus and blood, with the same symptoms as the last stool; dull distress in the right hypochondrium. Urine high colored and scanty. Nausea while sitting, with cutting pains every few minutes in the whole hypogastrium. 2 P. M. Cutting pains in the hypogastrium, with stool of bilious matter, mucus streaked with blood, and tenesmus. 10 P. M. All the afternoon and evening had cutting pains in the hypogastrium every half hour to one hour, that would last from two to five minutes at a time. Feeling weak.

May 3. Slept good, papaceous stool at 7 P. M., preceded by dull pains in the small intestines. 10 P. M. Dull pains in the umbilicus for five minutes.

May 4. Mushy stool at 8 A. M. No more stools for three days, then natural stool.

RESUME.

Characteristic Peculiarities.—The pains caused by *Collinsonia canadensis* are most all situated in the hypogastrium, and are of the most violent character, accompanied with nausea, fainting and great prostration.

Skin.—Skin yellow around the eyes.

Sleep.—Great disposition to sleep during the day, disturbed at night from pain in the hypogastric region.

Nervous System.—Great prostration of the nervous system.

Head.—Dull frontal headache, with inflammation of the bowels. Dull pains in the forehead, with frequent pains in the right temple. Dull frontal headache, with great lassitude, lasting all day, with great desire to sleep, also accompanied with frequent rheumatic pains in the arms, hands and legs.

Nose.—Dryness of the nostrils, with frequent sharp pains in the right temple and superior maxillary bone.

Mouth.—Tongue coated yellow along the centre and base, with rough, bitter taste in the mouth.

Gastric Symptoms.—Slight nausea with distress in the stomach, Nausea while sitting down, with cutting pains every few minutes in the hypogastrium. Nausea during stool, with fainting.

Stomach.—Sharp, cutting pains in the stomach for five minutes, while sitting down. Dull, aching distress in the region of the stomach.

Abdomen.—Rumbling in the abdomen. Awoke twice in the night with sharp, cutting pains in the hypogastric region. Severe.

colicky pains in the hypogastrium, with great desire for stool; sharp, cutting pains in the hypogastrium before, during and after stool. Severe colicky pains in the hypogastrium every few minutes, with nausea and fainting; colicky pains in the hypogastrium for three days, with dysentery. The pains are so severe in the whole hypogastrium, every few minutes, that I am compelled to sit down to get relief.

Stool.—Constipation three days, then dry, light-colored lumpy stool, (from the dilutions,) with great lassitude and desire to sleep. Light colored, lumpy stool, followed by distress in the anus and pain in the hypogastrium. Stools are all preceded and followed by severe colicky pains in the hypogastric region, with more or less tenesmus. Soft, papescent stools; stools of yellow, bilious matter, mucus, bile and blood, with tenesmus; stools of mucus and blood, with tenesmus. Copious stool of yellow, bilious matter; copious, watery stool, with nausea and fainting; frequent nausea with the stools. Papescent stool, with about one teaspoonful of pure blood; a number of stools streaked with blood.

CLINICAL OBSERVATIONS.—From the above symptoms, we learn that the *Collinsonia* will prove to be a most valuable remedial agent in the cure of colic, diarrhœa, both acute and chronic, and in dysentery. Since proving this remedy I have had the privilege of testing its remedial qualities in two cases of chronic diarrhœa, which I will recite:

Mrs. M., aged 22, temperament nervous. Was confined eight months since, has had diarrhœa ever since; has from four to twelve stools a day, and averages about two at night; at times the stools are pure mucus, but most of the time they are composed of mucus and black fœcal matter; before stool has violent colicky pains in the whole of the lower part of the bowels; has a good deal of tenesmus, but not much pain after stool. Has been treated by an eclectic physician in Chicago ever since her confinement, with varying success. At times she would be much better, when she would be taken with nausea and vomiting, with severe colicky pains in the bowels, and a long train of hysterical symptoms, with frequent fainting. It was in one of those spells I first saw her; the abdomen was very tender on pressure. She had had stools every half hour for twelve hours, with severe colicky pains in the umbilical and hypogastric regions; had vomited four times through the day. Gave *Collinsonia*, five drops of the tincture in half a tumbler full of water, one teaspoonful every hour. Next morning I found her much better; had not vomited any; no stool through the night; had two this morning; now 9 A. M. The colicky pain has almost ceased. Continued same remedy every two hours; had one more stool through the day; next day had but one stool; sat up most of the day. Took the remedy three days longer, when I discharged her cured. It is now sixteen days, she continues to have one natural stool a day, and says she is perfectly cured. If this lady remains permanently cured it will give me great confidence in the remedy.

A farmer, aged about 40, temperament bilious. Has had *chronic diarrhœa* for the last eleven months; stools papescent, of a yellow

solor, mixed with mucus; has no pain in the bowels to speak of, but has severe tenesmus; has to sit sometimes half an hour at stool; becomes very faint after stools; has constant pain in his groins, passing down to the knees; this is the only symptom that seems to trouble him all the time; he says the pain is almost unbearable; has about eight stools a day, none at night. Is much emaciated; has a dry cough, which gives him a great deal of trouble; keeps his bed most of the time. Gave *Collinsonia* and *Colocynth* in alternation every four hours; has taken the medicine eight days and is about well since the third day; has but one stool a day, which is about natural, excepting one day had three stools. The pain in the hips and legs has completely passed away. Rode forty miles yesterday, buying horses, which did not hurt him in the least. The *Colocynth* had something to do with the cure of this case, but I think the *Collinsonia* had more.

I gave the *Collinsonia* two days to a returned soldier for *chronic diarrhœa* that had lasted eighteen months, with no effect. His symptoms were great emaciation, night sweats, dry cough, from four to eight stools a day, and two to four at night, with no pain; stools were mucus, undigested food and yellow fecal matter; with great thirst, and vomiting every night of sour food. *Polyporus officinalis* 1st, did great good for one week. Stools were all digested good, and only two a day, with no vomiting, but the thirst continued unabated. Gave *Arsenicum*, which is having a good effect.

Liver.—Dull, aching distress in the right hypogastrium, with papæsent stools, mixed with bile.

Urinary Organs.—Urine high colored and scanty.

Superior Extremities.—Frequent rheumatic pains in the hands, arms and legs, from the dilution.

Lower Extremities.—Severe pains in both knees, passing down to the feet on the inside of the legs.

In the subsequent discussion at the third Annual Meeting of the Western Institute of Homœopathy, on the proving, etc, of Dr. Burt, Dr. E. M. Hale called attention to its use in *diseases of the heart*. He stated that Dr. Paine, of Philadelphia (Eclectic) had advised it in diseases of the valves following *rheumatic carditis*, and had reported several cases cured by the medicine.

Dr. P. H. Hale related a case of valvular disease, following a severe and prolonged attack of acute rheumatism, in which he found the *Collinsonia* to give more decided relief than any other remedy. He gave it as follows: one dram of the tincture to one-half pint of simple syrup, a teaspoonful every four hours.

Dr. Sheperd had used it successfully in a case of disease of the *mitral valve*; the murmur had much diminished, the general symptoms improved, and the patient was decidedly better.

Dr. H. C. Allen, of Brantford, C. W., has also used it with benefit in a case of cardiac disease, in which *digitalis*, *cactus*, and other remedies had failed.

Dr. E. M. Hale believed the *Collinsonia* acted primarily on the *heart*, and hence the portal congestion, dyspepsia, cough, hæmoptysis, and even hæmorrhoids, which was within its sphere of curative action.

Dr. E. C. Franklin reports several cases of chronic, painful, bleeding hæmorrhoids, cured in a very short time by the *Collinsonia*.

ASIATIC CHOLERA.

HISTORY.

ARETÆUS, in the year A. D. 50, describes a disease resembling Asiatic Cholera, with watery discharges, coldness of skin, loss of voice, and arrest of the secretion of urine. Dr. Drasche, (*Die Epidemische Cholera*, Vienna, 1860,) gives an account of Cholera in the seventeenth century. We have no reliable record of Cholera, in its violent epidemic form, until 1817, when it broke out at Jessore in India. The first cases occurred in the narrow and crowded streets, in the vicinity of a swamp, during the rainy season. An arm of the river on the north side of Jessore became, during the rainy season, a fetid swamp. The stream received partly-burned corpses, thrown into it according to their superstitions, and was also a receptacle for excrementitious matters. The inhabitants were dirty, degraded and disposed to disease, by having eaten mildewed rice. *Bad food, filth and malaria, were the causes that produced the epidemic at Jessore, and they are now the most active agents in its propagation.*

Dr. James Jameson, in his report on the Epidemic Cholera morbus, as it visited the territories subject to the Presidency of Bengal, in the years 1817, 1818 and 1819, says that "unusual variations from the ordinary course of the weather were observed in Bengal in February, 1817. This month was more like an autumn one, with rain every third or fourth day. In March there were frequent alternations of clear and cloudy weather, with very severe storms. April was more regular, but the rain appeared in May fifteen or twenty days earlier than usual, and then diseases of the bowels made their appearance. June and July were unusually rainy, and there was also much rain in the beginning of August, but in the middle of the month the heat was extreme. Ordinarily the air becomes cooler and more refreshing during the rainy months; but in 1817 the excessive

heat destroyed this beneficial influence. The end of August was accompanied with constant rain, by which the air became suddenly cooled. As a result, while the cases of fever which occurred were mild, there followed severe attacks of diarrhoea and inflammation of the liver, and now Cholera made its appearance in a most active form."

In June, 1818, it was at Jaulnah, and in August at Bombay. In 1819 it was found in Samatra, Singapore, Siam, Ceylon and the Isles of France and Bourbon. In 1820 it visited Southern China and the Phillipines. In 1821, Java, Borneo, Madura and other places in the Indian Archipeligo, also Muscat in Arabia, and some parts of Persia. In 1822, 1823 and 1824, it spread to Central and Northern China, the Maluccas and other places in the East. In 1827, it was in Chinese Tartary. In 1829, it was found at Orenburg in Russia. It came to Moscow and stayed throughout the winter; of 9000 attacked more than one half died. In 1830, it raged at Astrakhan from July to August, 4000 dying in the city and 21,270 in the province. In 1831, it attacked Russia, Poland, Austria and Moldavia. In August, 1831, it was taken by a caravan from Mecca to Cairo, several thousand dying on the way. In Cairo 10,400 Mohamadans, besides Jews and Christians, died in one month. On the 26th of October, 1831, it appeared at Sunderland, England, supposed to have been brought there from Hamburg. In November it was at Newcastle upon Tyne. In December at Hetton, North Shields, and other towns. In February the first case occurred at London, in the vicinity of the shipping. At Haddington, Scotland, in 1831, and in Edingburgh 22d January, 1832. In March, 1832, it visited Paris, 20,000 dying. On the 8th of June, 1832, it was found at Quebec, C. E. It was supposed that the disease was introduced by an emigrant vessel. In two days it was at Montreal. On the 26th of June it suddenly appeared in New York City, and 2,521 died. In July it was at Philadelphia. In November it struck Charleston. In October, 1833, it appeared at St. Louis, and soon attacked New Orleans. In the same year (1833) it prevailed at Havana, and also in Mexico.

In 1834 it suddenly left the American shores, not reappearing here until 1848.

In September, 1845, cholera appeared at Bokhara and Samarcand; and, soon after, at Bagdad, where 450 died daily, of a population of 80,000. It then followed the pilgrims to Mecca, advanced towards Teheran (in Nov.), but did not reach it till June, 1846. In that city, of a population of 130,000, nine thousand died. After an irregular desultory march

through Persia, sometimes in opposition to the prevailing winds, at others passing large tracts untouched, it approached Tauris in August, then Astrabad, and proceeded westward. In October, 1846, it appeared in the region of the Caucasus. In May, 1847, it commenced at Tiflis, and thence advanced to the mouth of the Don, and to some parts of the coast of the Black Sea. In September it reached Trebizond and Ezeroum, returning at the same time to Bagdad. In October the official reports of the Russian officers announced the progress of the pestilence to the northward and westward. From the close of August to the middle of September, in its march through Astrakan to Moldavia and Wallachia, 7,248 attacked 3,342 died. (*London Lancet*, November, 1847.)

After desolating Europe it made its westward march, as before, appearing at Staten Island December 1st, 1848. During 1849 it visited New Orleans, St. Louis, Cincinnati and other cities of the Ohio, Missouri and Mississippi. In 1850 it attacked Sacramento and San Francisco.

In June, 1865, it appeared at Mecca, slaying a multitude of the pilgrims who thronged that city. It extended along the shores of the Mediterranean. It has appeared in France and England, and cases of undoubted cholera have been found in New York City.

By advices from Kingston, W. I., May 15th, we learn that two cases of cholera had occurred there, neither of which was fatal.

The steamer "Union," from Liverpool, sixteen days on the passage, arrived at quarantine, New York, May 29th, 1866, with 434 passengers. Thirty-three deaths by cholera occurred on the voyage, and fifteen cholera patients still on board at that date.

The steamer "Peruvian" arrived at New York from Liverpool, May 30, 1866. Thirty-five deaths from Cholera, on the passage and twenty-eight Cholera patients to be transferred to the hospital ship.

Dr. Bissell reports, June 1st, 1866, that 59 new cases and eight deaths from Cholera have occurred on board the "Peruvian" and "Union," since last report, and that 97 cases are left in the hospital ship.

It was reported, Saturday, May 26th, 1866, that three children died with symptoms of cholera among emigrants on the Great Western Railroad, one on the cars and two at the Detroit and Milwaukee depot, Detroit. Subsequently these deaths were attributed to ship fever.

The cholera has usually prevailed with greatest intensity

during the heat of summer, yet it was fatal at Moscow in the coldest weather. Siberia, Iceland and Greenland have not been attacked.

During its prevalence in the four quarters of the globe, some sixty millions of persons are supposed to have fallen victims.

Cholera spreads rapidly in marshy districts, yet it was very fatal in 1849, in the suburbs of Cincinnati, on the hills which are always dry. The reason given is that the people used well water which was highly charged with limestone. The inhabitants of this most beautiful part of Cincinnati are usually healthy, but during the Cholera epidemic they suffered severely. Some physicians have declared that the inhabitants of regions where the limestone comes to the surface, invariably suffer more from Cholera than others.

DESCRIPTION.

Asiatic Cholera presents the following symptoms: Nausea, vomiting, sensation of burning at the pit of the stomach, faintness, oppression, giddiness, gurgling in the bowels and rice-water discharges, containing floating grains, spasms of the extremities, cold and clammy sweat, with shriveled skin and loss of elasticity, coldness of the tongue and breath, urgent thirst, failure of the pulse, anguish, restlessness, husky voice (*vox cholericæ*). The secretion of tears, saliva, bile and urine, are generally suspended.

Diarrhœa.—At first slight, and resembling ordinary bilious diarrhœa, sometimes painless, but frequently with griping and gurgling. This may exist for a few hours or many days before the development of symptoms of true Cholera. As the disease progresses, the yellow discharges become whitish, resembling rice-water. Very rarely the invasion of the disease is sudden, without any premonitory diarrhœa. The dejections are neutral or acid and do not contain either bile or albumen. The flocculi consist of the epithelium. The diarrhœa is Cholera itself in its first stage. Nine-tenths of the Cholera cases, as they occurred in the United States, were preceded by diarrhœa. This premonitory diarrhœa may last several days or be for a few hours only. The attack usually commences in the early morning hours. An intelligent person will say, "I have eaten but little the past twenty-four hours, and I know my bowels must stop moving, as all their contents will soon pass away." Instead of stopping, the discharges gush forth,—decomposition of the blood has occurred, and the evacuations consist of the serous portion of that fluid.

Vomiting supervenes, at first of the food that was in the stomach, then green, dark green or yellow, and soon of a serous

fluid, similar to the rice-water discharges from the bowels. The discharge is acid, consisting principally of water, albumen and serum.

Cramps occur, and with the appearance of vomiting and cramps the *voice* becomes husky and the secretion of urine is suspended. The cramps usually commence in the calves of the legs, and sometimes affect the muscles of the whole body. Nearly all the suffering of Cholera patients is occasioned by these spasmodic contractions.

Coldness and blueness of the skin, commencing at the nose, then affecting the lips, tongue, face, arms, hands, nails, legs, chest, arms, and the rest of the body. With coldness of the skin a sensation of heat and desire to throw off the bed covering. Coldness of the breath.

Pulse from 80 to 140, soft and congestion of the veins. [When Cholera patients have been bled, the blood was found to be very dark and could scarcely be made to flow.]

Respiration.—Almost double the natural frequency, being frequently 34 per minute.

The intellect remains unimpaired, and the patients are usually apathetic and indifferent.

Collapse sets in if the vomiting, purging and cramps are not relieved. Collapse is marked by depressed pulse, passing to pulselessness, prostration, coldness of skin and breath, blueness of the surface, cold, clammy sweat, loss of voice, deafness, cadaverous expression, with sunken eyes, and loss of elasticity of the skin. Dr. George Johnson (Brit. Med. Jour.) considers choleric collapse to be the result of an arrest of blood in the minute branches of the pulmonary artery, due to spasm of the pulmonary artery and its minute branches.

Cholera has been considered as having three stages :

1. Invasion—in which the premonitory diarrhoea occurs, which is called *cholerine*. This may continue for an hour or for weeks.

2. Active—in which the vomiting, purging, cramps, blue skin, and marked cholera symptoms are developed.

3. Collapse—denoted by coldness, blueness, loss of pulse, sunken features, etc., etc. This may last for an hour to two or three days, and ends in death or the occurrence of reaction.

4. Reaction—denoted by return of warmth to the surface, secretion of urine, restoration of pulse, occurrence of fever, and appearance of bile in the secretions.

PATHOLOGICAL APPEARANCES.—*Brain*: Congestion, and serous effusion in some cases. *Lungs* usually healthy; those affected with

lung disease not being particularly liable to Cholera. *Bowels*: The epithelium partially or entirely removed, like the exudation of diphtheria. Mesenteric glands enlarged. Glands of Peyer and Brunner enlarged and containing fluid resembling pus. *Liver*: Pirogoff thinks he has found fatty degeneration of the liver and diphtheritic deposit in the gall bladder. *Spleen*: not particularly changed. *Skin*: blue, wrinkled, sodden. *Stomach*: pale, yellow, with undigested food even after severe vomiting. *Kidneys*: in most cases more vascular than normal. *Bladder*: almost invariably empty; frequently contracted to size of a walnut. healthy urine never found in the bladder of one who has died of Cholera. *Temperature of body* frequently some degrees higher after death than before giving rise to the supposition that the patient is not dead. Sometimes muscular movements occur, tending to corroborate the supposition that life is really not extinct. *Heart*: The right cavities contain more blood than the left; the blood is thick; either neutral or acid; not coagulable. *Arteries empty*.

Such pathological changes are found in different cases, but they do not all appear in every fatal case of Cholera that is subject to *post mortem* examination.

CAUSES.

The remote cause is unknown. A great variety of theories have been promulgated. Some think that there is the production of a specific poison in the alimentary canal, others that the formation of infectious matter does not take place until there is a decomposition of the choleric discharges. It has been attributed to a deficiency of ozone in the atmosphere, and by others to changes in its electrical condition. Dr. Hammond says, (*Hygiene*, p. 165,) "Cholera has entirely disappeared from certain localities after a severe thunder storm." One supposes that minute fungi floating in the atmosphere are received into the body by respiration and that they develop the disease. Then some think that it is occasioned by a hyper-secretion of pancreatic juice.

The *Archives Generales de Medicine* for October, 1865, says: "Unfortunately, experience teaches that telluric currents, of which the existence has been so often supposed and contested, play but a secondary part. Maritime communications, subjected to all the chances of navigation, escaping all calculation, have been in the present epidemic of a very different importance. We may say that, if the cholera has radiated by land from its foci, it is by way of the sea that it has accomplished its propagation at great distances."

"Our profound conviction, shared by all who have wished to ascertain the truth, is that cholera, wherever it develops

itself, is always imported, and that nowhere is it spontaneously produced. Great masses of men in motion, armies like those of the pilgrims of Mecca or of India, are so many moving foci, which, after having, so to speak, hatched the disease, convey it about. In 1851 it was the war in Poland; in 1848 it was Europe in arms; in 1854 it was the Crimean war. Thank God, the cholera has not at the present time these formidable auxiliaries.

“Unfortunately it has a power of progression, which seems to be inherent in the disease, and which compels it to continue its march, after stopping for a time in each great centre of population. By one of those laws which impress upon epidemics a strange individuality, cholera stops and remains stationary for a length of time, which may be almost determined in advance. When once its fatal purpose is accomplished, it quits the focus where it has been concentrated, and resumes its interrupted journey. At Alexandria, at Cairo, at Constantinople, the epidemic continued from six weeks to two months. Neither atmospheric changes, nor precautions of any kind, nor carelessness or misery have abridged or prolonged its stay. If the number of its victims was diminished by enlightened precautions, the duration of the epidemic remained the same.

“Beyond this law all is doubt and uncertainty with regard to the direction which this malady will take in leaving its temporary foci; *and the propagation of cholera during previous invasions authorize no conclusion applicable to the present epidemic.*”

“Malakoff,” an American M. D., residing in Paris, says, in a letter to the New York Times, Feb. 5th, 1866: “A distinguished lady of title has lately made a communication to the French Academy of Sciences, in which she declares she has discovered the cause of cholera in a microscopic insect which she calls the “winged leech,” and which she says, is developed especially in marshy and filthy localities. The details she gives in relation to this animalcule and its connexion with cholera, are so minute that the Academy, which commenced by laughing at the first paragraphs of the report, finished by deciding to investigate the matter.”

Dr. Wm. Hewitt presented a paper to the American Institute of Homœopathy, June 7, 1866, on the “Cause of collapse in Cholera.” He referred to the fact that the presence of ammonia enabled the blood to retain its fluidity, and suggested the probability that it would prove to be the true curative.

Pettenkofer (Beilage zur Allgemeinen Zeitung, October 9th, 1865,) says: “Without the least danger of making an error, we can assert that the substance in question (the ultimate cause

of cholera), although quite unknown to us as a separate entity, must be of organic nature, and either a cell or a ferment."

Dr. Th. A. McGraw, of Detroit, publishes in the *Buffalo Med. and Surg. Journal* a translation of Prof. Niemeyer's (Tubingen) late article on Cholera, of which the *Medical and Surgical Reporter* gives a synopsis: "The facts which have been collected regarding the manner in which the disease is propagated, would indicate that it belonged properly neither to the class of contagious nor to that of non-contagious diseases. It is, on the one hand, certain that cholera is not communicated directly from one person to another, even under circumstances of the greatest intimacy, but on the other hand, it is as certainly spread only by patients afflicted with the disease. The disease is propagated by the evacuations of individuals infected with cholera, probably in all, and certainly in most cases. The admission of this theory, for which we are indebted to Pettenkofer and Delbrueck, throws light upon a multitude of facts, hitherto little understood and apparently contradictory. By means of one infected person in whom the disease has manifested itself only by a seemingly insignificant diarrhoea, cholera can be conveyed to a hitherto healthy locality. This person may travel on and recover without further development of the disorder, but he has left behind him in the water-closet matter which may give rise to a most deadly epidemic. It is thus no longer inexplicable how the cholera in its wanderings takes no defined course, but spreads indifferently from west to east, from east to west, now with the wind and now against it; how it always follows the routes of travel; how it does not go from place to place in a shorter time than is required for men to travel the same distance; and how, since the building of railways, it has been able to spread more quickly than before.

It is probable that the poison is not usually present in stools just discharged, but it is generated in them at a later period, and under certain conditions favorable to its development. Pettenkofer has shown that the contact of the discharges with putrid animal matter especially favors its development. There can be no question that the imprudence with which cholera discharges are emptied into common privies, gutters, and sewers; promotes the spread of the disease; that the saturation of the earth of the great cities with the putrid products of decay is one of the chief causes of the greater intensity and diffusion which marks the disorder in them; and that the accumulations of filth and organic remains belong to the most active agents concerned in the development of the noxious principle. The neighborhood of a river, on whose banks are collections of

stagnant water, predisposes to its generation and diffusion. The character of subsoil is also not without its influence; a soil of loose and porous nature being more favorable to its production than any of rocky and compact formation.

“The course of the pestilence in its recent outbreak on the *Atalanta* can well be explained,” says Dr. McGraw, “by Pettenkofer’s theory. The disease sprung up in the steerage, into which it may have been brought by one infected individual. The water-closets used by the different classes of passengers and crew on board ship are, as is well known, entirely distinct. While the cholera raged among the steerage passengers, *not a person* belonging to the crew or first cabin passengers was attacked.”

Dr. John L. Atlee, of Pennsylvania, related to the American Medical Association, May 3d, 1866, the following: “In 1832 I was in the midst of cholera at Lancaster County Hospital, Pennsylvania. I believed that cholera and yellow fever were diseases independent of any idio-miasmatic conditions of the atmosphere. In July or August, 1854, a certain peculiar condition of the air existed. The water of the Susquehanna was very low, and the water of the basin very filthy, yet there was no cholera. There were, however, some cases of bilious and intermittent fever. One day a car of emigrants came from Philadelphia to Columbia, two or three of the passengers were ill, and were put upon the platform. Four gentlemen seeing them there at the point of death, conveyed them to a shed. In the next twenty-four or forty-eight hours not one of them was living. In two or three days the cholera prevailed in Columbia. In the Lancaster County Hospital the winds were from the south. We had no cholera. A few days after the cholera broke out in Columbia, an emigrant reached there, afflicted with cholera. Shortly after two or three cases of cholera existed. The same train conveyed the cholera to Pittsburgh. Passengers came to the vicinity of Lancaster, at a place called Paradise. Their effects were sent to Lancaster, in a high and healthy location. The relative who washed the clothes died of cholera. It is a contagious disease. Why did it not spread? Why did not small-pox spread? There is an atmospheric constitution favorable to the development of disease. The result of observations in Sweden was that it had been conveyed there by the clothes of sailors.”

Dr. James Sampson (*Edinburgh Medical and Surgical Journal*, volume 49,) gives a very large number of examples of the direct importation of cholera into new places by infected persons, and of its spread from them to others,

Many other physicians are well satisfied that it is a contagi-

ous disease. But against the idea of contagion, it is urged that physicians and nurses escape; that those who prepare the bodies of the dead for burial; and physicians who make post-mortem examinations are not more liable to be attacked than others; that washerwomen who wash the clothes of cholera patients are not generally affected; that the garments of cholera patient are worn with impunity; that while small pox and other contagious diseases generally occur in winter, cholera spreads in summer;—that its march is slow, ranging from ten miles to one hundred miles per week.

Our present knowledge only enables us to say that it is the result of a specific virus or poison generated by a mode yet undiscovered, received by inhalation or otherwise, and propagated or diffused by contact with infectious matter or infected persons, and that it becomes epidemic where there is putrescence, filth and impure air.

It appears certain that the disease is conveyed by human beings from one point to another, and there appear to be reasons for believing that the choleraic discharges are the main infecting agents.

Many learned physicians who heretofore were satisfied that cholera was non-contagious, now think there is a species of contagion about it, that it is portable and communicable, and they now advocate a rigid quarantine and fumigation of vessels, etc., coming from infected districts.

The principal proximate causes are fear, intemperance and improper food.

FEAR.—When the plague was raging on the earth it is said that as it approached the borders of Egypt, it there met the Good Genius of that country. The Genius plead and prayed the Spirit of the Plague to spare his people, and he finally promised that he would take but three thousand. He entered and soon 30,000 had fallen victims. As he had done his work, on leaving Egypt, the Genius again met the Plague, sorrowful and with tears upbraiding him for not having kept the promise.

“I have kept the promise,” replied the Spirit of the Plague, “I took but 3,000 of your people, and fear took the rest.”

We well remember that in 1849, a physician fled from Cincinnati to the country and did not venture to return until he was assured that the cholera had entirely left the city. He came back, was taken sick with cholera the next day, and soon after died.

Professor Watson (Practice of Medicine, p. 924,) gives the following advice: “Upon the first appearance or threatening of epidemic cholera in this town, I would counsel every one

who is not kept within it by necessity or by duty, to fly from the danger; to betake himself, with his household, to the moors of Scotland, to the Welch hills, or to some upland place in one or other of those districts of England where the pestilence has hitherto passed by, or attacked but lightly." We regard such recommendations as extremely pernicious. If the advice was followed there would not be one death the less, but rather an increase of mortality. Reading it reminds one of an anecdote we heard some months since. During the plague an English nobleman directed a removal of his household to the country. As he was about to start he overheard his servants talking. A footman says to the coachman, "I suppose My Lord's Lord lives in the country." He instantly countermanded the order for removal, devoted his time to the care of the suffering, and was doubtless instrumental in saving many valuable lives.

Let each one attend to his daily duties with fidelity. Be prompt to afford relief to any suffering ones, and you can be assured of your own safety. "Thou shalt not be afraid for the terror by night; nor for the arrow that flieth by day; nor for the pestilence that walketh in darkness; * * * there shall no evil befall thee, neither shall any plague come nigh thy dwelling." Go about your duty fearlessly, and you will not be attacked; but even should you be stricken down, you fall while in the discharge of duty, and will assuredly meet the smiles of the Good Master, "*Well done good and faithful servant.*"

Unnecessary alarm certainly predisposes to the disease. We would allay undue fears and yet be truthful. Cholera may prevail as an epidemic during the summer; if it is coming we cannot stay its approach, but we can, by due precaution and use of preventives, lessen its mortality to a very small percentage of the whole number of our population. If *we* do our duty the average mortality this year will probably not be greater than the last.

PREVENTION.

The following, or similar directions, should be furnished to every homœopathic household:

Avoid crowded public halls and crowded sleeping rooms, and shun the presence of uncleanly persons. The disease is mostly developed in crowded dwellings, ships, prisons, camps, &c.

Observe cleanliness of person, and enjoin the same upon your household. Moral cleansing is as important as physical. Purity of soul as well as of body. "Cleanse yourselves from

all pollution of flesh and spirit, perfecting holiness in the fear of God."

Let your dwellings (especially the sleeping apartments) be thoroughly ventilated. Open your parlor blinds and windows and let the air and sun enter for at least an hour every day. Dark rooms are never healthy. Your shut-up parlors look very nice, perhaps, but the confined air is very impure.

DIET.—*Fasting is positively prohibited.* Pursue your ordinary course of diet with exception of Cabbage, Brocoli, Peas, Beans, New Potatoes, Cucumbers, Tomatoes, Spinach, Rhubarb, Green Corn, Carrots, Turnips and Mushrooms, which must be abstained from during the prevalence of Cholera.

Abstain from Crabs, Oysters, Lobsters and Clams. Unripe fruits of all kinds during a cholera epidemic are poisonous. Ripe berries (Strawberries, Whortleberries, Blackberries,) may be used sparingly by healthy persons. Regularity in the hours of eating is very desirable, and late suppers and night meals should not be taken. Alcoholic drinks are very objectionable, the intemperate being particularly liable to this disease. Refrain from fermented and alcoholic liquors of all kinds, particularly Whisky, Beer and Cider. Lemonade, acid drinks and mineral water, are also objectionable. Ice water and ices should be used with moderation. Articles of diet known to interfere with the regular action of the bowels should be most scrupulously avoided.

The earliest victims of cholera are those who are enervated by overworking, night-watching, intemperance, excesses and uncleanness; while those who live in airy localities, avoiding fatigue and all excesses, generally escape.

Cathartics and laxatives must be wholly avoided. No means should be taken to remove constipation except such as are prescribed by your physician.

The use of laudanum, opium, or cholera mixtures or specifics of any kind is hazardous. Beware of nostrums lauded as homœopathic cholera specifics. Reliable medicines can be obtained at the homœopathic pharmacies, the so-called homœopathic specifics sold by the druggists should not be trusted.

The slightest derangement of the bowels should be met by appropriate treatment. Send for your family physician, and until his arrival use the medicines as directed under "Homœopathic treatment" as far as your judgment will permit, and report to him on his arrival all that has been done.

The use of a flannel bandage around the bowels has been much recommended by some.

You may use Beef, Mutton, Poultry, Venison, newly-laid Eggs, and Fresh Scale Fish, Potatoes, ripe and well cooked, Wheaten Bread, from brewer's yeast or salt rising. Pork and Ham, and all food prepared with lard, should be rejected. Drink Pure Water, boiled or filtered, weak Black Tea, Milk or Cocoa.

DISINFECTANTS.—Fumigating pastilles, etc., are useless. They merely conceal bad odors, but do not destroy them.

Advantage can be expected from use of Sulphate of Iron. "At Traunstein, in Bavaria, in every case in which the rice-water discharges were disinfected by Sulphate of Iron, the disease ceased with the person first seized." (Beilage zur Allgemeinen Zeitung, Oct. 8, 1865.) It is recommended to dissolve half an ounce of Copperas (Sulphate of Iron) in a quart of water, and throw down the water closets every day.

An invaluable disinfectant is Permanganate of Potash $\frac{1}{10}$, one ounce to 99 ounces (about 3 quarts) of water; ten drops will disinfect a quart of liquid.

Other disinfectants: Chloride of Lime, one pound to be used to each gallon of infectious liquid. A compound, composed of one part of Charcoal, one of Quicklime, and four of Sand, is said to be very effectual. Charcoal alone is not sufficient. Many of the hands on ships employed to carry charcoal from Constantinople to the Crimea were attacked fatally. Quicklime, Carbonate of Lime, and Chloride of Zinc, are all useful. Carbolic acid $\frac{1}{10}$, (one part acid to nine parts water) will be effectual. It may be mixed, thus diluted, with vinegar.

Attention should be given to sewerage, in all our towns; but there is one matter in connection with the subject to which attention is called, in the following article:

OUR HOUSES VENTILATE OUR SEWERS!—Prof. Carroll Dunham says: "Our refuse is discharged into the sewers, only that it may there be converted into poisonous gases, and be received again, in that form into our houses. The more completely, under these circumstances, a house is provided with the 'modern conveniences,' the more deadly a habitation it is! There are houses in Fifth Avenue and in Twenty-third Street which have illustrated these facts by the sad experience of their inmates."

"In many houses there are, besides the main stench-trap already described, secondary traps under each basin, closet, or sink. In these cases, the portion of pipe intervening between the main and secondary traps, becomes a 'closed chamber,' in which the poisonous gases forced up from the sewer are confined. Any increase of temperature, even the varying heat of

the house, will expand these gases, and cause them to bubble up through the secondary traps, and into the house, as before.

“These most serious dangers may all be obviated by *ventilating* the sewers or the waste pipes. The latter can be done for himself by every householder. It is only necessary to connect with his waste pipe or soil pipe, just below the uppermost trap, a small pipe which shall be led up through the roof, and shall open into the atmosphere, allowing the gases to escape. This will prevent any pressure of gases below the traps. Personal observation and experience have convinced us of the great value of this ventilation of waste pipes. On a large scale, ventilation of sewers in English towns has reduced the mortality from typhus to one-half its former amount.”

MEDICINES TO BE USED AS PREVENTIVES WHEN CHOLERA IS PREVAILING NEAR YOU.

Veratrum album, 1st.—Ten pellets every night to an adult, five to a child of five years old, one pellet to an infant.

Sulphur, 3d.—Ten pellets every morning to an adult, five to a child of five years old, one pellet to an infant.

If griping pains in the bowels and disposition to diarrhoea occurs, notwithstanding the use of Veratrum and Sulphur, then lie down and take a small powder of *Cuprum*, as much as will lie on a three cent piece, every three hours until better, using also ten pellets of Veratrum at every evacuation of the bowels.

By the use of these preventives, disinfection of all offensive and infectious matters, the practice of cleanliness, avoidance of improper diet, thorough ventilation of all apartments, the preservation of equanimity of mind and a hopeful disposition, we may reasonably expect to ward off an attack.

We also recommend, during the prevalence of an epidemic, that every house, in all infected districts, be visited daily by two inspectors. The first, a physician, who shall enquire in regard to cases of diarrhoea, &c., and prescribe for all who are willing to take his treatment. The second, a health officer, who shall examine the premises, and cause the removal of everything calculated to extend the pestilence.

ALLOPATHIC TREATMENT.

Opium and Morphine, in large and small quantities, for the initiatory diarrhoea and the stage of collapse.

Bleeding.—Dr. Brown says: “*Invariably pernicious.*” Dr. Müller, of Riga, bled four persons; they all died. Of 69 cases bled during the stage of reaction, reported by Dr. Muller, 48 died. M. Andral recommended “free bleeding among the young and vigorous, external irritation, and plenty of laudanum internally.”

Some advise transfusion of blood.

Calomel.—Teaspoonful doses, in brandy, have been prescribed. We recollect an allopathic physician who said that it was folly to stop to weigh calomel in Cholera. An M. D. of New Orleans gave from 100 grs. to half an oz. at a dose, in ten cases. *All died*. Dr. Buell tried it in one of the N. Y. Hospitals, in dram doses; of 100 cases, 93 died! In Lexington, Ky., four ounces were given to one patient in two days.

Strychnine.—Recommended by Prof. Frazier of Montreal. Leeches to the epigastrium (recommended by *Broussais*.) *Emetics*, particularly the mustard emetic. *Cathartics*. Plugging the anus, and compression with a towel roller wet with a solution of Chloride of Lime. The honor of introducing this very scientific (?) practice is due to Dr. John Gason, who published the recommendation in the London Lancet.

Acetate of Lead, Opium and Camphor, one grain each, in form of pills, every hour or two. The same in solution of Morphine.

Inhalation of oxygen gas. Bulletin General de Thérape, Nov. 80. 1865, says: "M. Vigla, who has recently experimented with inhalations of oxygen on a grand scale, in Paris, states that *he has not had a successful case*." Galvanism. Electricity. Wet sheets, hot and cold.

Dr. Casper dipped rags in alcohol, laid them on the skin of his patients, and set them on fire! They died, of course.

Dilute sulphuric acid. Camphor, chloroform and opium, in combination. Rhubarb, magnesia subnitrate of bismuth. Injection of acetate of lead into the bowels. Injection of saline fluids into the veins. Nitrate of silver, gunpowder, pyroligneous acid, nitrous oxide gas, cajuput oil.

HOMŒOPATHIC TREATMENT.

From the moment the diarrhoea becomes urgent *perfect quietude is imperative*. The patient should go to bed and be well wrapped in blankets, bottles of hot water placed about the body, hot bricks to the feet, a bandage of warm dry flannel placed about the bowels, and one of the medicines selected according to the symptoms, and given as directed. To relieve the thirst small lumps of ice may be given as often as wished for.

The remedies recommended are the following:

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|-------------------------------|----------------------------------|
| 1. Aconite 1st, pellets, | 7. Laurocerasus 1st, pellets. |
| 2. Arsenicum 1st, pellets, | 8. Mercurius sol., 3d trit. |
| 3. Cuprum met., 3d trit. | 9. Phosphorus 3d, pellets. |
| 4. Carbo veget. 6th, pellets. | 10. Sulphur 3d, pellets. |
| 5. Colocynth 1st, pellets. | 11. Secale cornut. 1st, pellets. |
| 6. Ipecacuanha 1st, pellets. | 12. Veratrum album 1st, pellets |

In separate vial, Camphor, tincture.

Each homœopathic family should be supplied with a case of remedies of the potencies indicated. We will now proceed to

give explicit directions for their use, and consider them in the order of their importance, and not alphabetically.

CAMPHOR, in tincture, to be prepared thus: Make a saturated solution with equal parts of Gum Camphor and re-distilled alcohol. The common drug store camphorated tincture is comparatively inefficient. It is to be used as follows: Cover the patient up to the chin well and abundantly with blankets, particularly the feet, do not allow the arms out of bed, then give of the tincture of camphor, to an adult, one drop on a small lump of white sugar in a teaspoonful of water every five minutes until the patient perspires freely. The perspiration must be continued for an hour or two by keeping the patient well covered up in bed and repeating the camphor at intervals.

For a child, let ten drops of Camphor tincture be dropped on a piece of sugar and dissolved in ten teaspoonfuls of water. Give a teaspoonful of this every ten minutes.

The use of camphor is forbidden while other remedies are employed.

The symptoms indicating camphor are: nausea, vomiting, soreness of stomach to the touch, with burning pains or cold perspiration, faintness, prostration, distress, slow pulse, wandering look or unnatural expression, (*facies cholericæ*), extremities cold and blue, cramps, anguish, dread of suffocation, rice water diarrhoea, suppression of urine. Other remedies are preferable to camphor if there is neither coldness or blueness of the extremities, face or tongue, cramps, or dullness of the senses. If the camphor occasions headache, or burning of the stomach, the antidote will be found in Phosphorus 3, of which a dozen globules may be taken. If this does not remove all unpleasant effects give a cup of black coffee.

Dr. Rubini, of Naples, treated 377 cases of cholera during the epidemic of 1854-5, with camphor alone, *without a single death*. In 1865, he was equally successful, treating 51 patients with camphor exclusively, without loss of a single case!

Count Nadasdy, of Daka, in Hungary, in the absence of professional aid, treated his subjects with the tincture of camphor. Of one hundred and sixty-one who were attacked he only lost fifteen. (Lutze's practice, page 128).

Hahnemann used camphor in all stages of cholera.

VERATRUM is the principal remedy to be used when there is violent vomiting and purging, icy coldness of the body, great debility and cramps in the fingers, toes, and calves, copious watery stools, pale face, blue margins around the eyes, deathly anguish and despair in the features, cold tongue, cold breath, oppressive anguish in the chest, colic pains, cramps in the fin-

gers, retention of urine, external coldness and external heat, extreme thirst for cold drinks, vertigo, shrivelled skin on the palms of the hands.

Dr. Griesselich says that in 1849 at St. Petersburg, the success with this remedy was so great that the pharmacies were overrun with allopaths. Dose, six pellets every fifteen minutes until better.

CUPRUM is indicated when there is vomiting, diarrhoea, *cramps* in the chest, stomach, bowels and extremities, spasmodic colic pains without vomiting or diarrhoea, or vomiting preceded by spasmodic constriction of the chest arresting the breathing, hurried respiration, excessive sensitiveness of the stomach to the touch, face cold and blue, rolling of eyeballs, hoarse voice. Dose, three grains (or as much as will cover a three cent piece) every half an hour until better.

ARSENICUM.—Symptoms calling for its use are prostration, anguish, dread, lamentations, confusion of ideas, coldness and blueness of skin, with clammy sweat, vomiting of watery, bilious, slimy, greenish, brownish or blackish matter, purging of fetid liquid matter, burning pain in stomach, bowels and rectum, labored respiration, hippocratic countenance, lips and tongue dry, black and chapped, cramps, dizziness, ringing in the ears, unquenchable thirst, restlessness, pulse small, trembling and intermittent, frequent desire to pass water or suppression of urine. Previous to the outbreak of cholera in Europe, Van Hufeland said "if there is any truth in homœopathy, Arsenic should be the remedy in cholera." Give six pellets every half an hour until relieved.

SECALE CORNUTUM is *particularly adapted to aged persons*.—Symptoms, cold shrivelled and blue skin, profuse and painless, brown, flock-like or colorless watery diarrhoea, with loud rumbling and rapid exhaustion, cramps in chest and extremities, thirst, nausea without vomiting; tongue slightly coated; vertigo and anguish. Suitable also in reaction after collapse. Dose, six pellets every fifteen or twenty minutes.

IPECACUANHA is called for when there is oppression at the stomach, nausea or vomiting with shiverings or dizziness, with or without relaxed bowels. Useful when the vomiting predominates, not generally useful in fully developed cases. Dose six pellets every half an hour until relieved.

MERCURIUS SOLUBILIS, 3d trituration.—After subsidence of vomiting and rice-water diarrhoea, in case the discharges assume a dysenteric appearance, give a small powder, as much

much as will lie upon a three cent piece, at every evacuation until better.

SULPHUR is recommended for diarrhoea when there are frequent evacuations, especially *at night*, with colic, straining at stool, distention of the abdomen, heavy breathing, chilliness and debility, slimy or watery, frothy or putrid stools *whitish or greenish*, discharge of undigested, sour or bloody substances. Dose six pellets very half hour for diarrhoea, or ten pellets every morning as a preventive of cholera.

LAUROCERASUS.—In patients after collapse, who seem conscious but quickly fall back into a stupor. *Irresistible drowsiness*, deafness, contraction of the throat when swallowing, eyes open and staring, with optical illusions. Dose, six pellets every half an hour until reaction is fully established.

CARBO VEGETABILIS.—In collapse, when the patient is pulseless, with coldness of breath, tongue and skin, voice extinct, urine suppressed, congestion of chest and head, and paralysis. Use six pellets medicated with the 10th dilution every fifteen minutes until reaction takes place.

ACONITE.—Prof. Hempel says: "I have often found Aconite eminently useful, during the first invasion of the disease, in restoring the pulse and rousing the vital reaction generally. Veratrum, Camphor, Arsenicum, or perhaps some other remedy, may be appropriately used after Aconite."

When reaction comes on after collapse with fever, headache and threatened inflammatory condition, give Aconite, six pellets of the 1st, every half an hour.

COLOCYNTH.—Very useful in cases of colic, with disposition to diarrhoea. Also when urine is suppressed, and there is cramps in the calves, vomiting first of food and then of greenish matter. Give six pellets every fifteen minutes until better.

PHOSPHORUS.—An excellent remedy for the diarrhoea which prevails during a cholera epidemic (cholérine), especially if there is great debility, thirst and flatulence. Dose, six pellets every half hour.

~~As~~ The intervals between the doses of all the medicines should be lengthened as the patient's symptoms improve.

Families are recommended to make use of these means faithfully until the arrival of their medical attendant, who will then direct the further treatment.

In convalescence from cholera, the diet should be light, nutritious, and easy of digestion, and taken in small quantities only; it may consist of gruel made of Farina, prepared Barley,

boiled Sago, Rice, Tapioca, Corn Starch, Arrow-root, or Chicken broth, flavored with toast bread and salt.

COMPARISONS—RESULTS OF TREATMENT, ETC.

Mortality in England.—Dr. W. Merriman, furnished the following table from the reports sent to the Privy Council Office. (Copeland's Med. Dict., Art. Pestilence, Choleric.)

	Cases.	Deaths.	Recoveries.	Pop. of places affected
England.....	49,594	14,807	23,720	2,753,258
London.....	11,029	5,273	5,745	1,424,880
Wales.....	1,435	498	938	101,600
Ireland, up to March, 1833.....	54,532	21,171	23,881	

[The following table, compiled by Prof. J. Jackson of Philadelphia, exhibits the cases and deaths in Quebec, Montreal, New York and Philadelphia, with the ratios of cases and deaths to population and to each other.—(*Amer. Jour. Med. Sciences*, vol. ii., p. 291.)]

[The above table does not include the whole period of the epidemic, but may serve to give a comparative view of the disease in those cities respectively to the dates mentioned. The population of New York is estimated not from the usual ordinary number at the above period, but of those remaining in the city.]

Date of report and place.	Population.	Cases.	Deaths.	Ratio of cases to pop.	Ratio of deaths to cases.	Ratio of deaths to pop.
Sept. 2, Quebec.....	32,000	5783	2218	1 in 517	1 to 2 1-2	1 in 14 1-2
" 21, Montreal....	28,000	4440	1904	1 in 65	1 to 2 1-2	1 in 14 2-3
Aug. 28, New York.....	140,000	5814	2985	1 to 24 1-2	1 to 2	1 in 47
Sept. 13, Philad.....	160,000	2314	934	1 to 70	1 to 2 1-2	1 in 173

Prof. Thomas Watson, of Royal College of Physicians, gives a candid opinion in the following language: "If the balance could be fairly struck, and the exact truth ascertained, I question whether we should find that the aggregate mortality from Cholera, in this country, (England) was any way disturbed by our craft."

James Johnson, M. D., Physician Extraordinary to the King, Editor of Medical Chirurgical Review, thus testifies: "When Cholera appeared in Hindostan, the papers so teemed with specifics and cures, that the government put a stop to their further publication, on account of the mortality they caused." "For ourselves, what shall we say? Alas! we must own that we are gloomy, heartless skeptics, without so much as a grain of faith, or one saving particle of belief. Would that it were otherwise—would that we could only so much as imagine that cholera has been, is, or will be cured by the thousand and one plans of happy memory, already published, or to be published.

"In point of fact, *we know no better mode of treating Cholera than when it first appeared in the island; and the really severe cases are just as fatal as they ever have been.*"

A vast discrepancy is shown in the results of the treatment of cholera by the different schools of medicine.

The General Board of Health of Edinburgh and Leith reported 817 cases treated between Oct. 4, 1848, and Feb. 1, 1849. Cases 817, cures, 171, deaths 546, mortality 66 4-5 per cent. Of these cases 236 were treated by physicians of the homœopathic dispensary. What part of this terrible mortality of two-thirds was homœopathy responsible for? Why, 24 1-5 per cent. of the cases they treated. Here are the figures:

	Cases.	Deaths.	Mortality.
Treated Homœopathically,	236,	57,	24 1-5.
" Allopathically,	681,	489,	84 1-5.

In France and Italy, in 1831-2, the mortality in 21 Allopathic hospitals was 63 per cent.

Dr. Fewster Robert Horner, author of "Reasons for adopting the Rational System of Medicine," was President and Perpetual Vice President of the British Medical and Surgical Association; late Senior Physician to the Hull General Infirmary. In 1851, before he had investigated Homœopathy, Dr. Horner presided over a meeting of 200 medical men at Brighton, which passed resolutions strongly denunciatory of that system; and now, in 1857, after investigating it, he announces himself a convert to the Homœopathic doctrine! He states that in the statistical report of the late cholera epidemic in England by the Medical Board appointed for that purpose, the returns of the Homœopathic Hospital were *deliberately and designedly suppressed* because they shewed that by that treatment two-thirds were *cured*; while according to the aggregate statistics of the other Hospitals two-thirds *died*; and this, too, after that report had been verified by the Allopathic Inspector!

By the Liverpool Homœopathic Dispensary there were treated from July 25th to September 15th, 1849:

Cases 162 Deaths 43 Per cent. 26 1-2

HOSPITAL TREATMENT OF CHOLERA.

Homœopathic.

Place and Name.	Cases.	Deaths.
Vienna Sisters of Charity—1834 to 1850 . . .	1,202	409
Vienna Leopoldstadt, 1850	156	58
Berlin Hom. Hospital	32	6
Bordeaux Hospital, by Dr. Mabbit, 1832 . . .	131	6
Marseilles "Convent of Refuge," 1849 . . .	260	15
London Homœopathic Hospital, 1854	37	7
	<hr/> 1,818	<hr/> 501

Allopathic.

Place and Name.	Cases.	Deaths.
Edinburgh, Drummond Street Hospital.....	461	291
Halle, Krunckenberg's Wards.....	104	53
Hamburg Hospital, 1831.....	283	175
Berlin Cholera Hospital.....	97	60
St. Petersburg, by Dr. Lichenstadt.....	636	314
Bordeaux Hospital, 1832.....	104	72
Raab " "	284	122
New York, in 1849,.....	1,790	923
London, St. George's, 1854,.....	140	69
Total	3,899	2,099

Average mortality under Homœopathic treatment, 29 per cent.

Average, under Allopathy,.....54 per cent.

During the cholera epidemic in Cincinnati the Allopaths lost 45 per cent.; the mortality among the Homœopaths was but 5 per cent.

Dr. Mabbitt was created Knight of the Legion of Honor on account of his success in treating cholera in Bordeaux. The doctor collected statistics of the treatment of several thousand cases, he found the mortality under Allopathy 49 per cent., under Homœopathy, seven and one-half per cent.

In Vienna the Homœopaths cured two-thirds of their patients, the Allopaths lost two-thirds; such was the result as officially announced.

In the epidemic of 1849 at Cincinnati, Drs. Pulte and Ehrmann treated successfully seventy-three cases of decided collapse. The main remedy was *Carbo vegetabilis*. Of 2410 patients treated by them only 85 died. Mortality only three and a half per cent.

One of the strongest facts that can be adduced in favor of Homœopathy, one which evinces most strongly the value of the Homœopathic law of cure, is the following: When the cholera was approaching Germany, HAHNEMANN published directions for its treatment indicating with remarkable precision the remedies which would be found appropriate, and the experience of thousands has demonstrated the value of his prescriptions. At this time he had not treated a single case, but knowing the symptoms attending cholera, and the symptoms of the medicines, he was able to point with directness to the true curatives. Such is the very great advantage which the possession of the Homœopathic law of cure gives. The medicines which Hahnemann prescribed are those which are used all over

the world by his followers. They operate with certainty and cure all curable cases. Observing the superiority of the Homœopathic mode of medication in cholera in 1849, first opened our eyes to the value of its principles, and we know that others were led to adopt the practice after observing its power in controlling this disease.

The Homœopaths give in Cholera, Camphor, Cuprum, Veratrum, Carbo vegetabilis and Arsenicum; they wrap the patients in dry blankets, relieve the thirst by giving them lumps of ice, which they always crave and feel grateful for; hot bricks and bottles of hot water are sometimes used. Under use of the Homœopathic remedies the vomiting stops, the diarrhœa is checked, the cramps are relieved, and convalescence speedily ensues. Contrast this with the Allopathic treatment, as detailed by J. Stevenson Bushnan, M. D., in his work "An Historical sketch of Cholera and its Cures," published in London in 1850. After comparing the two we may have some idea why it is Homœopaths *cure* over two-thirds of their cholera patients and Allopaths *lose* more than two-thirds of theirs.

Referring to this work we find water recommended as a remedy in cholera. Cold water and hot water. "Wrap him in a cold sheet says one." "Fool," cries another, "he's cold enough, wrap him in blankets wrung out of boiling water." "Put lime in them," says another, "and make it hotter still." "Give him No. 6, plenty of red pepper," says the steam doctor. "Make him inhale oxygen," says Dr. Gas. "No bile in the stools, he wants calomel," says the mercurial routinist. "He has a diarrhœa, give him opium." "He's sinking, give him brandy." "Let him have alkalies," vociferates one most loudly. "Not so, give acids," cried another. "It's a sort of intermittent, give him quinine," exclaims one equally as reasonable as the rest. Others prescribe abstraction of blood, others injections of the same fluid. One enjoins perfect repose, another incessant motion. Some give applications the most soothing, others those which are most irritating. Some the most powerful stimulants, others the most potent sedatives. [Dr. Bushnan reports some of the doctors' cholera prescriptions; one of the compounds contains 33 different drugs!]

We now find that almost every number of all the allopathic journals, home and foreign, contains some prescriptions for cholera. Nearly every drug has been used or recommended, by some one, so that the list of what has *not* been recommended for cholera would be shorter than the account of what has been. One statistician says he has perused 1433 different

treatises, in all of which different prescriptions are advised ! The first suggestion to the mind of the allopath is stimulation ; “the patient is sinking, we must stimulate.” So we thought in 1849. We gave brandy, they died. We gave the rest more, and they died ; for the others, we made the brandy more stimulating, and they died ; and the conclusion could not be avoided—*the more these patients are stimulated the quicker they will die.* We [Allopaths] lost almost every case of collapse, and the Homœopaths cured many of theirs, so we turned to the new practice, and have had no reason to regret the change.

We will relate the homœopathic treatment of one case of cholera : Mr. —, had a severe attack of cholera ; his family having no faith in homœopathy, they sent for an eclectic physician. The doctor came, sat up with his patient all night and plied his remedies with vigor. In the morning Mr. — was worse. As he was fast running into collapse, the doctor proposed that we should be sent for. The family objected, “homœopathy will not do, he must have active treatment.” The doctor told them that he had done all in his power, and without homœopathic remedies *could* reach the case the patient would die. As a forlorn hope they consented that we should be consulted. The doctor came to our office,* gave us the particulars of the case, and said that he would like to see if homœopathic remedies could reach one so hopeless. We went with him, examined the patient and agreed to take charge of him if the allopathic medicines were removed from the room. (the table was then covered with mixtures, &c.) Finding that they were quite willing that our measures should have a fair trial, we proceeded to prescribe. The patient had vomiting, purging, cramps, blue and cold skin, clammy sweat, loss of voice. In a low, husky whisper he said, “do something for me if you can.” We dropped a powder of Ipecacuanha upon his tongue, in a short time another of Veratrum album, presently one of Cuprum ; in half an hour the vomiting ceased, the purging soon after stopped, the cramps left not to return, the skin became warm and natural, the returning voice spoke out in gratitude for a deliverance from death. After this time the family were warm advocates for homœopathy, and the doctor now carries a case of our medicines and uses them so far as his knowledge extends. At some future time he will probably throw all other “physic to the dogs.”

Those who suppose that Homœopathic treatment is only suitable for such trifling cases of disease as would probably recover without medication, are greatly deceived. It is in such severe maladies as Asiatic Cholera, Diphtheria, Pneumonia,

Pleuritis, Gastritis, Cerebro-spinal Meningitis, etc., etc., etc., that the new treatment evinces such marked superiority. Wherever Homœopathic treatment is introduced, we demonstrate our superior success. There is less suffering, a shorter duration of sickness, and a decrease of mortality in all the most violent forms of disease.

It is asked, why is not the system generally received, if it is so much better? We reply, that deep-rooted prejudices are not overcome very readily, and powerful interests and combinations, that oppose us cannot be destroyed in a day. The apothecaries say, "We must do all we can against Homœopathy, for if it succeeds it will destroy the drug trade." Allopathic doctors, of age and intelligence in other things, are so ignorant of the new system that they will declare under oath that "Homœopathy is the practice of treating disease with infinitesimal doses of medicine," when the truth is, Homœopathy is not giving large doses or small doses, but it is the administration of medicine according to a law of nature, which is expressed by the words "*similia similibus curantur*." The cure of colic by Colocynth is homœopathic, whether by a single globule of the hundredth potency or a grain of the pure drug, because Colocynth, administered to healthy persons produces symptoms resembling colic. The same statement can be made regarding every drug, because nature's laws are unchangeable. The true curative is always homœopathic to the disease. By this we mean that it invariably bears this relation or correspondence; in other words, it always causes, on the healthy, sufferings or departures from health, resembling the disease it is adapted to cure.

So completely deluded are our opponents that an old physician declares that Homœopathy is a species of infidelity; that what it attempts to do is equal to casting out devils by Beelzebub. Poor old man, what light will be sufficient to open his eyes. The fact that the most talented ministers of all the churches are Homœopaths, will that convince him? No! What will? When it is known that in all our large cities Homœopathic physicians receive patronage from the most intelligent and wealthy; that Homœopathy has *compelled* Allopathy to modify its practice and cease to bleed and blister, purge and puke, as it did in years gone by; that it now numbers over four thousand regularly educated practitioners in the United States, and over two hundred in Michigan alone; that Life Insurance Companies can make money by insuring patrons of Homœopathy at ten per cent. less than persons whose systems are subjected to Allopathic drugging; that Homœopaths invite Boards of Health and Governors of Hospitals to provide for Homœopathic and Allopathic treatment in

different wards, that we may have opportunity of proving that *we can save half of the patients that now die in allopathic hands*; that we have a literature of the Materia Medica far richer and more scientific than the world ever saw before the promulgation of Homœopathy; that every week some convert leaves Allopathy and enters the Homœopathic ranks, and not one in a thousand is ever tempted to return. Will all these things disarm prejudice, invite investigation and induce professors of Allopathy to act as Christian gentlemen? It should, but judging from the past, it will not very soon. After a friendly argument with a professional opponent, when brought to a point where he could not help seeing that there was truth at the foundation of the new practice, he says, "Doctor, at my time of life, I am not going to study my profession over again." We visited his office; not a new book or journal was to be seen; bottles of drugs, apparently as old as his library. "Quinine is the only *new remedy* I use," says the doctor. Will such practitioners open their eyes to receive the light of the New Healing Art which the Divine Providence is now sending the world? They are joined to their idols and may be let alone, but the generation of medical men to come will be more open to conviction. In a few years the extreme men will pass from the stage of action. They will be followed by physicians of comprehensive minds and enlarged hearts, the strifes of the schools will disappear, the false will be eliminated, and the true only, remain. But even now, here and there, one is found who resembles the true physician, as described by Van Helmont:—"The God-elected physician will be accompanied by many signs and wonders for the schools; and whilst he uses his gifts for the alleviation of his neighbor's sufferings, he will refer the glory of his cures to God. Pity is his guide. Love will be his sister; and the truth of the Lord will enlighten his path. He will call upon the grace of God, and the desire of gain shall not possess him. For the Lord is rich, and a free giver; and pays back an hundred fold, with a heaped-up measure. He will make fruitful His work, and his hand shall be clothed in blessing. From his mouth shall flow comfort; and his voice shall be as a trumpet, at the sound of which disease shall vanish. His feet shall bring gladness, and sickness shall dissolve before him like the snow in summer. Health shall follow his footsteps."

[The above paper on Asiatic Cholera is published at this office in pamphlet form, for general circulation, at 25 cents retail, \$15 per 100—\$100 per 1000.]

Societies.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

*Report of the Nineteenth Annual Meeting, held at Pittsburgh, Pa.,
June 6th and 7th, 1866.*

PRELIMINARY MEETING.

The usual preliminary meeting was held at the house of Dr. M. Cote, 284 Penn Street, on Tuesday evening, June 5. A large number of the members were present from various parts of the Union.

Departing somewhat from the usual custom which makes this meeting merely an informal session or caucus, to discuss the business of the following day, Dr. Cote, with the assent of the Committee of Arrangements, tendered to the members and their ladies a social levee. Many pleasant greetings were exchanged by those who had not met since the last session; and the cordial welcome of the host and hostess, the delightful music and the abundant feast, at once established a social and friendly feeling, which continued unabated throughout the entire session of the Institute.

FIRST DAY—MORNING SESSION.

Wednesday, June 6.—The Institute assembled at Masonic Hall, and was called to order at 10 o'clock by the President, Dr. S. S. Guy, of Brooklyn, N. Y., when Rev. Herrick Johnston invoked the Divine blessing upon its deliberations.

The President welcomed the members of the Institute to their annual meeting, and expressed his gratification at the fact that so large a number of delegates were present.

Dr. J. C. Burgher, of Pittsburgh, from the Committee of Arrangements, welcomed the members in a few cordial remarks, and tendered them the hospitalities of the city.

The roll was then called and corrected, when the following members answered to their names:

J. D. Annin, Newark, N. J.; J. Beakley, New York City; S. R. Beckwith, Cleveland, Ohio; D. H. Beckwith, Cleveland, Ohio; G. D. Beebe, Chicago, Ill.; George E. Belcher, New York; R. M. Bowles, New York; J. C. Burgher, Pittsburgh, Pa.; S. M. Cate, Salem, Mass.; N. F. Cooke, Chicago, Ill.; M. Cote, Pittsburgh, Pa.; D. Cowley, Pittsburgh, Pa.; C. M. Dake, Pittsburgh, Pa.; J. P. Dake, Salem, Ohio; J. S. Douglas, Milwaukee, Wis.; J. H. P. Frost, Philadelphia, Pa.; S. S. Guy, Brooklyn, N. Y.; J. A. Herron, Pittsburgh, Pa.; W. T. Helmuth, St. Louis, Mo.; T. Hewitt, Alleghany City, Pa.; H. H. Hoffman, Pittsburgh, Pa.; Bushrod W. James, Philadelphia, Pa.; E. M. Kellogg, New York City; R. J. McClatchey, Philadelphia, Pa.; F. R. McManus, Baltimore, Md.; Alpheus Morrill,

Concord, N. H.; Henry D. Paine, New York; Horace M. Paine, Albany, N. Y.; James A. Payne, Boston, Mass.; J. R. Piper, Washington, D. C.; J. H. Pulte, Cincinnati, Ohio; J. S. Rankin, Pittsburgh, Pa.; Horatio Robinson, Auburn, N. Y.; R. B. Rush, Salem, Ohio; Henry M. Smith, New York; I. T. Talbot, Boston, Mass.; M. Y. Turrill, Cleveland, Ohio; Frederic Taudte, Birmingham, Pa.; Tullio S. Verdi, Washington, D. C.; M. W. Wallace, Alleghany City, Pa.; C. Wesselhœft, Dorchester, Mass.; E. C. Witherell, Cincinnati, Ohio; J. B. Wood, West Chester, Pa.

An election for officers at the Institute was then entered into, and resulted as follows:

President—Dr. J. S. Douglas, of Milwaukee, Wis.

Vice President—Dr. S. R. Beckwith, of Cleveland, Ohio.

General Secretary—Dr. I. T. Talbot, of Boston.

Provisional Secretary—Dr. H. B. Clarke, of New Bedford, Mass.

Treasurer—Dr. E. M. Kellogg, of New York City.

Board of Censors—Drs. J. P. Dake, of Salem, Ohio; H. M. Paine, of Albany, N. Y.; H. M. Smith, of New York City; M. Cote, of Pittsburgh, and J. B. Wood, of West Chester, Pa.

Auditing Committee—Drs. S. R. Beckwith, of Cleveland, Ohio; George E. Belcher, of New York City; N. F. Cooke, of Chicago, Ill.; David Cowley, of Pittsburgh, Pa.; T. S. Verdi, of Washington, D. C.

On motion of Dr. Beakley, "the thanks of the Institute were given to the retiring officers for their efficient services during the past year."

The President was then installed into office, and made a suitable acknowledgment. The Institute adjourned until three o'clock.

AFTERNOON SESSION.

The Institute re-assembled at three o'clock, and was called to order by the President.

The Board of Censors reported favorably upon the application of the following gentlemen for membership of the Institute:

T. F. Allen, New York City.

William J. Bauer, N. Y. City.

H. F. Biggar, Cleveland, Ohio.

C. W. Boyce, Auburn, N. Y.

William H. Cook, Carlisle, Pa.

F. Cooper, Alleghany City, Pa.

B. F. Dake, Pittsburgh, Pa.

Geo. S. Foster, Pittsburgh, Pa.

W. G. Graham, Ravenna, Ohio.

Wm. Hornitz, New York City.

A. E. Keyes, Ravenna, Ohio.

Charles H. Lee, Etna, Pa.

J. H. Marsden, York Sulphur Springs, Pa.

R. C. McClelland Glade Mills, Pa.

Robert McMurray, N. Y. City.

J. J. Mitchell, New York City.

Henry Sheffield, Nashville, Tenn.

S. A. Robinson, Cincinnati, Ohio.

J. Sidney Mitchell, Chicago, Ill.

N. Schneider, Cleveland, Ohio.

C. H. Cogswell, Moline, Ill.

John Hartman, St. Louis, Mo.

G. E. Chandler, Wauseon, Ohio.

W. H. H. Neville, Philadelphia.

M. Friese Mechanicsburg, Pa.

John E. James, Philadelphia.

Edwin A. Lodge, Detroit, Mich.

G. Cation Duncan Chicago, Ill.

H. M. Logee, Linesville, Pa.

J. R. Earheart, Philadelphia.

Geo. W. Billings, Brooklyn.

John C. Richards, Lock Haven, Pa.

J. E. Barnaby, Alleghany City, Pa.

Coates Preston, Chester, Pa.	Horace Homer, Philadelphia, Pa.
H. Robinson, Jr. Auburn, N. Y.	R. Faulkner, Erie, Pa.
L. M. Rousseau, Pittsburgh, Pa.	J. Stewart, Sharpsburg, Pa.
R. C. Smedley West Chester, Pa.	W. C. Borland, Pittsburgh, Pa.
Daniel D. Smith, N. Y. City.	Shadrach C. Morrill, Concord, N.H.
J. McE. Wetmore, N. Y. City.	T. G. Comstock, St. Louis, Mo.
Ciro S. Verdi, Georgetown, D. C.	Max Werder, Johnstown, Pa.
J. F. Cooper, Alleghany City, Pa.	E. W. Townsend, Greenbush, Pa.

The report was accepted, and on motion, the gentlemen named were elected members of the Institute.

The application for membership of Mrs. Mercy B. Jackson, of Boston, Mass., was laid on the table.

Dr. John Tift, of Norwalk, Ohio, was excused from membership, at his own request.

A statement of expenses incurred by the Secretary of the Institute for the past year was read, and referred to the Auditing Committee.

REPORTS OF BUREAUS.

Materia Medica.—The only report of this Bureau was a letter from Dr. E. M. Hale, of Chicago, announcing that, owing to the pressure of business, he had been unable to prepare a report.

Clinical Medicine and Zymoses.—A partial report was offered by the Chairman, Dr. H. D. Payne, of New York, which was accepted.

Surgery.—The Chairman, Dr. William T. Helmuth, desired to have the reading of his report postponed until the next day. The request was granted.

Homœopathic Organization, Registration and Statistics.—Dr. I. T. Talbot, of Boston, Chairman of the Bureau, presented a report, which was read, accepted, and laid on the table for future consideration.

MEDICAL COMMUNICATIONS.

Dr. Cate, of Salem, Mass., communicated a paper on Lachesis, in a certain form of uterine inflammation, which was received, and placed on file.

Dr. J. P. Dake, of Salem, Ohio, read cases reported by W. J. Blakely, of Benzinger, Elk County, Pa., treated by *Mercurius protoiodatus*. The paper was accepted. Dr. Pulte, of Cincinnati, made some remarks in regard to the use of this medicine in cases of diphtheria attended by debility.

The President stated that he had used the deutoiodide of Mercury locally in cases of goitre. It was used successfully, in the form of ointment, in the first decimal trituration. Dr. Helmuth, of St. Louis, spoke on the same subject. He said that he had used the deutoiodide of Mercury in cases of goitre, and he thought it a very valuable remedy. In the East Indies, where goitres attain an immense size, cures are performed by the application of this medicine to the tumor in the form of ointment, prepared one drachm to one ounce of lard. He has used the same ointment, still more reduced and in small quantity, with great benefit.

Dr. Beebe, of Chicago, spoke of treating goitre successfully with the thirtieth attenuation of Iodine internally, in some cases relieving when the crude form of Iodine had failed.

Dr. S. R. Beckwith, from the Auditing Committee, reported that the annual expenses of the Institute exceeded its receipts, and recommended an increase of initiation and annual fee. The report was accepted, and the consideration of the suggestion, together with the report of the Bureau of Organization, was referred to a Committee of the Whole.

On motion, adjourned to 8 P. M.

EVENING SESSION.

The Institute assembled at 8 o'clock. There was also an additional attendance of about fifteen hundred ladies and gentlemen.

The President, on calling the Institute to order, introduced Prof. William Tod Helmuth, of St. Louis, Mo., who delivered the Annual Address.

The general subject of the lecture was Homœopathy, and the doctor announced at the outset that he would endeavor, as much as possible, to strip the subject of the unintelligible technicalities and dry details of a professional address. He divided his lecture into the consideration of the points, "The proofs that Homœopathy is true," "Is Homœopathy a humbug?" "The increase of belief in Homœopathic principles," and "The changes that have been and are to be accomplished by the aid of Homœopathy." Each of these points was considered with skill and acumen, and strengthened by instances and allusions, facts and figures, that must have gone far towards convincing whoever among the audience may have been sceptical as to the soundness of the principles held by the homœopathic school of medicine. The lecture was listened to throughout with attention and interest, and was several times interrupted by hearty applause.

On motion of Dr. H. M. Smith, of New York, the thanks of the Institute was tendered to William Tod Helmuth, M. D., for his able and valuable address, and a copy of it was requested for publication.

Adjourned to Wednesday, 9 o'clock, A. M.

THE BANQUET.

At ten o'clock the members of the Institute repaired to City Hall, and partook of a splendid banquet, which had been prepared by the Homœopathic Medical Society of the county. About three hundred ladies and gentlemen were present as invited guests of the Society. Upon the conclusion of the banquet, Dr. M. Cote, Chairman of the Executive Committee, called the meeting to order, when the following regular toasts were read:

1. To the Memory of Hahnemann. In silence, standing.
2. The American Institute of Homœopathy. Responded to by Dr. McManus of Baltimore.
3. The Ladies. Responded to by Dr. Talbot, of Boston.
4. Our Sister Societies. Response by Dr. Cooke, of Chicago.
5. Our Colleges,—equal to any. Response by Dr. S. R. Beckwith, of Cleveland.

6. Our Journals. Responded to by Dr. Frost, of Philadelphia.

7. Our Hospitals. Responded to by Dr. J. P. Dake, of Salem, Ohio.

7. The Efficacy of Homœopathic medicines. Responded to by Dr. Helmuth, of St. Louis.

9. Our Southern Brethren. Response by Dr. Verdi, of Washington, D. C.

A number of Volunteer toasts were then read, and responded to. The proceedings were of an exceedingly interesting character, the Society may well be proud of the success of their entertainment.

SECOND DAY.—MORNING SESSION.

Thursday June 8.—The Institute assembled at 9 o'clock, at Masonic Hall, and was called to order by the President.

The minutes of Wednesday were read and approved.

On motion of Dr. Talbot, it was voted that the Bureau of Clinical Medicine be instructed to prepare for general circulation, a concise circular, with directions, in relation to the subject of cholera, and that the General Secretary be directed to furnish twenty copies to each member of the Institute.

The Institute then resolved itself into a Committee of the Whole, for the consideration of various subjects referred to it.

Dr. E. M. Kellogg, of New York, was elected chairman.

The report of the Committee on Organization was called up.

Dr. McManus, of Baltimore, said, if he understood the proposition, it was now proposed to so alter the character of the Institute that old members could have no voice in its proceedings. For his part he objected to any change, as he did not see the necessity for it.

Dr. Talbot explained that the proposition made by the Committee on Organization was not designed to change the present character of the Institute or to take away the rights of old members, but to so alter the constitution that societies may send delegates to represent them; so that the Institute shall have at its sessions, aside from individual members, representatives from every homœopathic society, association, and institution in the country. This plan, if carried out, would unite all the various associations in one central body to act together on all questions of national interest.

At the request of the Institute, the Secretary then read the entire report of the Bureau on Organization.

The first recommendation was that the Bureau on Statistics prepare and publish a triennial catalogue, containing the constitution, by-laws, rules and regulations of the Institute, a full list of its members, past and present, together with a list of the homœopathic practitioners of America; and statistics of the various societies and institutions connected with homœopathy.

After considerable discussion on the part of the members, it was voted, that the Bureau be instructed to prepare such a list, and report at the next meeting of the Institute.

Dr. J. P. Dake explained to the Institute, that Dr. John B. Hall had a Directory prepared, which would be shortly published. He

desired the assistance of the members of the Institute in every way possible.

The second subject of the report was summed up in the following resolutions :—

Resolved, That the American Institute of Homœopathy invites all bodies of homœopathic physicians to send delegates to its meetings; and, for the sake of uniformity, would recommend the following proportion.

First, From every Association composed of more than fifty members, from different States, two delegates.

Second, From every State society, two delegates; additional, for every twenty members, one delegate.

Third, From every county or local society, one delegate.

Fourth, From every college, hospital, or dispensary actually established, each one delegate.

Fifth, For every medical journal published, one delegate.

Dr. Guy, of Brooklyn, presented the following amendment, which was accepted. It shall be the duty of these delegates to present to this Institute, through its proper bureaus, a clear synopsis of the doings of their respective associations or societies.

The resolution was then adopted.

On motion of Dr. Smith, the following resolution was passed :—

Resolved, That members who are three years in arrears, and who do not pay within one year after being so notified by the Treasurer, shall be considered as having forfeited membership, and their names shall be stricken from the list.

The report of the Auditing Committee was then considered.

Dr. Talbot offered the following resolution as a substitute for the report of the Auditing Committee :—

Resolved, That the members of the Institute be required to pay the annual sum of three dollars towards defraying the expenses of the Institute.

After considerable discussion, the resolution was adopted.

The Committee of the Whole then arose, and the Institute resumed its session. Dr. Beckwith, Vice-President, in the chair.

The Secretary read the proceedings of the Committee, and the resolutions reported by them were, on motion of Dr. H. D. Paine, of New York, adopted.

STATISTICAL REPORTS.

Reports from the following auxiliary and corresponding bodies were then presented and read :—

STATE SOCIETIES.

Dr. J. P. Dake, Western Institute of Homœopathy.

Dr. A. Morrill, the New-Hampshire Society.

Dr. S. M. Cate, the Massachusetts Society.

Dr. H. M. Paine, the New-York Society.

Dr. B. W. James, the Pennsylvania Society.

Dr. D. H. Beckwith, the Ohio Society.

Dr. G. D. Beebe, the Illinois Society.

COUNTY OR LOCAL SOCIETIES.

- Dr. I. T. Talbot, the Boston Academy of Homœopathic Medicine.
 Dr. H. M. Smith, the New-York County Society.
 Dr. H. M. Paine, Albany-County Society, N. Y.
 Dr. H. Robinson, Cayuga-County Society, N. Y.
 Dr. S. S. Guy, Kings-County (N. Y.) Society.
 Dr. R. J. McClatchey, the Philadelphia-County Society.
 Dr. J. H. Marsden, Homœopathic Medical Society of the Cumberland Valley, Pa.
 Dr. D. Cowley, Allegheny-County Medical Society, Pa.
 Dr. D. H. Beckwith, the Cuyahoga Medical Society, Ohio.
 Dr. N. H. Cooke, the Chicago-County Medical Society.
 Dr. John Hartmann, the St. Louis Society.

COLLEGES.

- Dr. J. Beakley, New-York Homœopathic College.
 Dr. J. H. P. Frost, Hom. Medical College of Pennsylvania.
 Dr. N. F. Cooke, Hahnemann Medical College of Chicago.
 Dr. D. H. Beckwith, Cleveland Medical College.
 Dr. William T. Helmuth, St. Louis Medical College.

HOSPITALS AND DISPENSARIES.

- Dr. J. C. Burgher, Medical and Surgical Hospital of Pittsburgh.
 Dr. William T. Helmuth, Good Samaritan Hospital, St. Louis.
 Dr. I. T. Talbot, Homœopathic Medical Dispensary, Boston.
 Dr. H. M. Smith, Central New-York Homœopathic Dispensary.
 Dr. S. S. Guy, Homœopathic Dispensary of Brooklyn.
 Dr. B. W. James, the Homœopathic Infirmary of Philadelphia.
 Dr. C. M. Dake, Dispensary in Pittsburgh.
 Dr. Beckwith, the Cleveland Dispensary.
 Dr. Helmuth, St. Louis Medical Dispensary.
 Dr. Helmuth, Freedmen's Colored Orphans Home.

MEDICAL JOURNALS.

- Dr. Smith, the American Homœopathic Review.
 Dr. Talbot, New-England Medical Gazette.
 Dr. Beebe, United-States Medical and Surgical Journal.
 Dr. Helmuth, Western Homœopathic Observer.
 Dr. Frost, the Hahnemannian Monthly.
 Dr. Lodge, American Homœopathic Observer.

Notices were also received from Dr. J. P. Dake, of the establishment of the Hahnemannian Insurance Company, at Cleveland, Ohio, and from Dr. H. M. Paine, of the Atlantic Mutual Company, at Albany; having for their object the insurance of homœopathic patrons at a reduced premium.

The following resolution was offered by Dr. Beebe, and, after some discussion, adopted:—

Resolved, That, while we approve the establishment of Life Insurance Companies which make a distinction in favor of the patrons of homœopathy, and while we desire to encourage such organizations, nevertheless, with a view to impartiality, we hereby forbid the use of

the name of the American Institute of Homœopathy in any manner calculated to advertise or promote the interests of one such company in preference to another.

The Convention then adjourned until three o'clock, P. M.

AFTERNOON SESSION.

The Convention met at three o'clock, and was called to order by Vice-President Dr. S. R. Beckwith, of Cleveland.

The reports which had been considered during the morning session were ordered to be filed.

REPORT OF THE BUREAU OF SURGERY.

Dr. W. T. Helmuth, of St. Louis, read a report in which the different improvements introduced into Surgery since the last session of the Institute were fully discussed.

Dr. J. Beakley, of New York, promised to furnish the Secretary a report on Surgery.

Dr. S. R. Beckwith, of Cleveland, read a paper entitled "Ovarian Tumors." On motion, the several reports of the Bureau on Surgery were accepted.

Dr. B. W. James, of Philadelphia, presented a paper on "Aural Surgery," which was accepted.

Dr. J. H. Pulte, of Cincinnati, presented a report on "The Spectroscope, and the law 'Similia similibus curantur.'" Accepted.

Dr. Henry Turner, of London, by invitation, addressed the Convention. He stated that the system of homœopathy in England was meeting with the most determined opposition from the allopathic practitioners, who have control of the Medical Colleges and Schools, and bias the minds of students against the homœopathic system. An English Directory had just been published, and an effort was being made to add to it an American Directory.

He said the number of homœopathic practitioners in London was ninety-three; and in England, two hundred and seventy-six. There are several associations which hold frequent and profitable meetings. There are hospitals in several of the large towns, and dispensaries in most places of considerable size. There are four or five journals, which are well sustained.

Dr. Thomas Hewitt, of Allegheny City, read an essay, entitled, "What is the Cause of Collapse in Cholera," which was accepted.

Dr. H. M. Paine, of Albany, presented a paper on cholera, which was accepted.

Dr. B. W. James offered a resolution recommending that each member of the medical profession should keep a statistical record of all cases of Asiatic Cholera treated by himself, in case that disease should visit our country, together with the result of the treatment, and report the same for publication, which was adopted.

Dr. H. M. Smith offered a resolution authorizing the President to appoint delegates to the International Homœopathic Congress, to be held in Paris in 1867. Adopted.

Dr. T. S. Verdi proposed that a committee be appointed for the purpose of preparing an address to the homœopathic physicians in

European countries, urging upon them the necessity of organizing national societies. Adopted; and the General Secretary was appointed to prepare the address, and enter into a correspondence with the various societies.

Dr. S. S. Guy presented a resolution returning the thanks of the Institute to the Homoeopathic Medical Society of Alleghany County for the handsome manner in which they had entertained the delegates during their sojourn in Pittsburgh.

Also to the newspapers of Pittsburgh, for so faithfully reporting the proceedings of this session of the Institute. Unanimously Adopted.

Dr. James A. Herrick, on behalf of the Board of Trustees of the Homoeopathic Dispensary, on Fourth Street, extended an invitation to the members of the Institute to visit that institution at eight o'clock in the evening. The invitation was accepted and a vote of thanks tendered.

The President then announced the following appointments for the ensuing year:

Bureau of Materia Medica.—Conrad Wesselhoft, M. D., of Dorchester Mass.; Walter Williamson, M. D., of Philadelphia, Pa.; William E. Payne, M. D., of Bath, Me.; E. M. Hale, M. D., of Chicago, Ill.; H. L. Chase, M. D., of Cambridge, Mass.

Bureau of Clinical Medicine and Zymoses.—H. D. Paine, M. D., of New York City; D. H. Beckwith, M. D., of Cleveland, Ohio; R. Ludlam, M. D., of Chicago, Ill.; E. C. Witherill, M. D., of Cincinnati, Ohio; S. M. Cate, M. D., of Salem, Mass.

Bureau of Surgery.—J. Beakley, M. D., of New York City; William T. Helmuth, M. D., of St. Louis, Mo.; G. D. Beebe, M. D., of Chicago, Ill.; S. R. Beckwith, M. D., of Cleveland, Ohio; George F. Foote, M. D., of Philadelphia, Pa.

Bureau of Organization, Registration, and Statistics.—H. M. Smith, M. D., of New York City; H. M. Paine, M. D., of Albany, N. Y.; E. A. Lodge, M. D., of Detroit, Mich.; B. W. James, M. D., of Philadelphia, Pa.; T. G. Comstock, M. D., of St. Louis, Mo.

Committee of Arrangements.—E. G. Belcher, M. D., H. M. Smith, M. D., H. D. Paine, M. D., J. Beakley, M. D., E. M. Kellogg, M. D., of New York City.

Orator for 1867, N. F. Cooke, M. D., of Chicago, Ill.; alternate, H. B. Clark, M. D., of New Bedford, Mass.

On motion of Dr. I. T. Talbot, it was voted, that a committee of five be appointed to prepare a complete code of Medical Ethics, and to report at the next session of the American Institute.

The President appointed for this committee, Carroll Dunham, M. D., of New York City; Walter Williamson, M. D., of Philadelphia, Pa.; E. M. Kellogg, M. D., of New York City; A. S. Ball, M. D., of New York City; G. W. Barnes, M. D., of Cleveland, Ohio.

On motion of Dr. S. R. Beckwith, the following amendment to Article X. of the by-laws was adopted:

Sec. 3.—There shall be a Bureau of Obstetrics, which shall collect facts and observations on subjects pertaining to that science.

The President appointed upon this Bureau, H. H. Guernsey, M. D., of Philadelphia, Pa.; J. C. Sanders, M. D., of Cleveland, Ohio; S. R. Kirby, M. D., of New York City; E. A. Guilbert, M. D., of Dubuque, Iowa; J. H. Woodbury, M. D., of East Boston, Mass.

On motion of Dr. H. M. Smith, the Secretaries and Treasurer were appointed the Committee on Publication for the ensuing year.

On motion of Dr. J. P. Dake, the Institute adjourned to meet in New York City on the first Wednesday in June 1867.

I. T. TALBOT, *General Secretary*.

MICHIGAN HOMŒOPATHIC INSTITUTE.

Seventh Annual Meeting.

MORNING SESSION.

The seventh annual meeting of the Michigan Homœopathic Institute was held at Detroit, June 19th 1866, in the basement of the Christian Church, corner of Jefferson avenue and Beaubien street.

In the absence of the President, Prof. C. J. Hempel, of Grand Rapids, was called to the chair.

The Divine blessing was invoked by Elder A. I. Hobbs in fervent prayer.

The Secretary then called the roll, and the following members responded when their names were called: Dr. L. M. Jones, of Brooklyn; Dr. F. X. Spranger, Detroit; Dr. A. B. Spinney, East Saginaw; Dr. Wm. J. Calvert, Chelsea; Dr. J. R. Hyde, Eaton Rapids; Dr. F. Woodruff, Ann Arbor; Dr. I. N. Eldridge, Flint; Dr. James D. Craig, Niles; Dr. A. Walker, Pontiac; Dr. J. A. Albertson, Detroit; Dr. E. H. Drake, Detroit; Dr. C. J. Hempel, Grand Rapids; Dr. Edwin A. Lodge, Detroit; Dr. E. L. Roberts, Detroit; Dr. C. J. Jefferies, Dexter; Dr. L. Younghusband, Mt. Clemens; Dr. J. V. Spencer, Battle Creek; Dr. Benj. F. Pennock, Fentonville.

On motion, the following gentlemen were admitted to membership; Charles Hastings, M. D., George E. Swan, M. D., B. F. Bailey, M. D.

The reading of the minutes of last meeting was, on motion, dispensed with.

Dr. Lodge, of Committee on Publication, made a verbal report, which was accepted.

Dr. E. H. Drake, Chairman of Committee on *High Dilutions*, made an interesting report, which was accepted and ordered to be printed.

Dr. L. M. Jones made a report on Indigenous remedies, which was accepted.

Dr. E. H. Drake remarked that the use of *Cactus grandiflorus* from first to third, in cases where it seemed to be directly indicated according to the provings, had not been of the advantage he expected. After failure with cactus, *Kalmia latifolia* produced a cure in a case of palpitation of the heart.

Dr. A. B. Spinney said that his experience coincided with that of Dr. Drake.

Dr. James D. Craig found that the use of first decimal dilution of Cactus in acute pleuritis resulted in marked benefit to the patient; one case was cured in four days. No other remedy was used.

Dr. P. H. Hale presented a proving of *Asclepias tuberosa*, which was referred to Committee on Publication.

Dr. James D. Craig referred to the following symptoms of *Hydrastis canadensis*—weakness and loss of muscular power of both arms, tingling in left arm, and loss of sensation.

Dr. C. J. Hempel, of Committee on Dose, remarked that his report on the subject was not complete, and asked that the committee be continued, which was agreed to.

Dr. J. D. Craig read a report on the subject of Dose, which was accepted and referred to Committee on Publication.

Dr. A. Walker, of Pontiac, made a verbal report on Obstetrics.

Dr. W. J. Calvert, of Committee on Medical Electricity, read a report which was accepted and referred to Committee on Publication.

Dr. F. X. Spranger enquired the kind of instrument used by Dr. Calvert.

Dr. C. replied that he used Palmer's Electro-voltaic battery. He considered the smaller the quantity given the better for the patient. Palmer's battery can be used to avoid the pain on extraction of teeth, the positive pole to the ganglion, and the current made from that to the tooth through the forceps.

Dr. Walker found the use of electricity advantageous in ophthalmia. Common remedies failed in a case of tumor. He then applied electricity, the negative pole to the foot and positive to tumor. It was discussed in a few days to the great satisfaction of himself and patient.

Dr. F. Woodruff said that he succeeded with high dilutions in disposing of both inflammations and tumors without resort to electricity.

Dr. F. X. Spranger considered that the to and fro current of the ordinary batteries was highly prejudicial in the treatment of disease.

Dr. Long presented a report on Physiology and Homœopathy, which was read, accepted, and referred to the Committee on Publication.

On motion the Institute adjourned until 2:30 P. M.

AFTERNOON SESSION.

L. Younghusband, M. D., of Mt. Clemens; J. V. Spencer, M. D., of Battle Creek; and S. J. Fulton, M. D., of Tecumseh; were admitted to membership.

Dr. Benj. F. Pennock, of Fentonville; and Dr. H. T. Walker, of Detroit; were also admitted on recommendation of the Board of Censors.

Application of W. Zarembo, M. D., was referred to the Secretary with power.

The following was offered by Dr. Drake and unanimously adopted:

Whereas, Since the last meeting of this Institute A. W. Walker, M. D., one of its members, has departed this life after a short but severe attack of fever; therefore

Resolved, That this Institute has lost in Dr. A. W. Walker one of its most promising members.

Resolved, That we heartily tender to his father and friends our sympathy and sincere regret, that his period of usefulness among them and us was so brief.

The following proposed by Dr. Lodge was adopted without dissent:

Whereas, The Regents of the State University neglect and refuse to appoint at least one Professor of Homœopathy in the University according to the requirements of the law; therefore

Resolved, That Drs. E. H. Drake, J. A. Albertson, E. A. Lodge and A. Walker, be instructed to procure the services of counsel and apply to the Supreme Court.

Resolved, That they be authorized to pay such counsel out of the treasury such sums as they may deem right, and if the funds on hand are not sufficient, that they make a uniform assessment on the members for the amount required.

Dr. F. X. Spranger made a report on Variola, which was accepted and referred to Committee on Publication.

Dr. Drake said that he had used the *Sarracenia* with success in several cases of small pox.

Dr. A. B. Spinney relied upon *Cimicifuga* tincture, and believed that it was a valuable prophylactic. In severe forms of the disease the eruption declines quickly under its use. *Gelsemium* should be given to arrest the fever.

Dr. Albertson said that after testing tartar emetic and other drugs he had come to settle down on *gelsemium* and *cimicifuga* as the most reliable remedies in Variola.

At 3 P. M. Prof. C. J. Hempel delivered the Annual Address, which was received with marked attention, and on motion of Dr. Hastings the Institute ordered it to be printed as a part of the proceedings.

Prof. E. M. Hale, an Honorary Member of the Institute, presented the following papers—"Baptisia in fever," and "Biographical notice of Dr. John Mosher, the Pioneer Homœopathic physician of Southern Michigan."

Dr. J. A. Albertson presented a report on *Fistula in Ano*.

Dr. S. J. Fulton presented a report on a case of cough, with unusual complications.

The following communication from the Western Institute was read:

Dr. E. A. Lodge, Sec'y Michigan Institute of Homœopathy:

DEAR SIR:—At the 3d annual meeting of the Western Institute of Homœopathy the following Resolution was unanimously adopted:

"*Resolved*, That the State Societies of the Western States are hereby requested to hold their annual meetings *previous* to the meeting of this Institute."

With much respect, I am yours truly,

E. M. HALE, *Corresponding Secretary*.

Also, from the Illinois State Homœopathic Association, the following:

124 South Clark Street, Chicago, May 18, 1866.

E. A. Lodge, M. D., Sec. Michigan Institute of Homœopathy:

DEAR SIR:—I have the honor to communicate to the Michigan Institute of Homœopathy, that at the last Annual Meeting of the

Illinois State Homœopathic Association the following Resolution was unanimously adopted:

"*Resolved*, That the State Societies of our sister States be, and are hereby invited by the Association, to send each a delegate annually to this body, who shall be instructed to contribute to the progress of medical science by presenting some practical paper for the consideration of the Association."

I have also to inform you that Dr. G. W. Foote, of Galesburg, Ill., is our accredited Delegate from this Association to the Institute for 1866.

Yours very truly,

E. M. HALE, *Cor. Sec., Ill. State Hom. Association.*

The following members were then appointed as Delegates of the Society:

To the American Institute, at its 20th Annual Meeting, on the first Wednesday of June, 1867, at New York City—Dr. C. J. Hempel, Dr. A. Walker, Dr. E. A. Lodge, Dr. A. B. Spinney.

As Delegates to the Western Institute of Homœopathy.—Dr. J. D. Craig, Dr. F. X. Spranger, Dr. J. A. Albertson, Dr. J. V. Spencer.

As Delegate to the Illinois State Homœopathic Association.—Dr. J. M. Long

The Institute proceeding to an election of officers for the ensuing year, the following were unanimously elected:

President—Charles J. Hempel, M. D.

Vice-President—A. Walker, M. D.

Secretary and Treasurer—Edwin A. Lodge, M. D.

Censors—E. H. Drake, M. D., Detroit; James D. Craig, M. D., Niles; J. A. Albertson, M. D., Detroit; I. N. Eldridge, M. D., Flint; J. R. Hyde, M. D., Eaton Rapids.

The following special Committees were appointed to report at the next annual meeting:

On Honorary Membership—Drs. G. T. Rand, A. B. Spinney.

On Publication—Dr. E. A. Lodge.

On High Potencies—Drs. I. N. Eldridge, Orrin Fowle, T. Romeyn Huntington.

On Cases Cured with One Remedy—Drs. A. Bagley, Lewis Taylor, P. H. Hale, L. M. Jones, H. C. Bagg, John Doy, Orrin Fowle, T. B. Lamb.

On Proving of Indigenous Remedies—Drs. F. X. Spranger, J. R. Hyde.

On Dose—Drs. C. J. Hempel, A. Walker, A. J. Sawyer, F. Woodruff, H. B. Bagley.

On Intermittents—Drs. A. Farnsworth, F. X. Spranger.

On Surgery—Drs. E. H. Drake, Smith Rogers, H. T. Hawley, A. Farnsworth.

On Syphilis—Drs. J. A. Albertson, C. A. Jefferies, A. B. Spinney.

On Pathology—Drs. C. Hastings, A. H. Botsford, Wm. Huntington, A. R. Ball.

On Obstetrics—Drs. S. W. Pattison, C. A. Jefferies, I. B. Tuttle.

On Diseases of Women—Drs. L. Younghusband, J. N. Spencer, S. J. Fulton.

On Physiology—Drs. J. D. Craig, R. Pengelly, B. F. Pennock.

On Anatomy—Drs. C. A. Williams, Edwin C. Wilbur, Wm. J. Calvert.

On Chemistry—Dr. Jos. Mill, E. R. Ellis, S. N. Coons.

On Medical Electricity—Drs. J. M. Long, John E. Smith, H. T. Walker.

On Delegates to other Societies—Drs. J. A. Albertson, H. B. Bagley.

On Homœopathic Colleges and Homœopathic Professorship in State University—Drs. E. H. Drake, J. A. Albertson, E. A. Lodge and A. Walker.

On Ostuaries—Drs. Chas. Hastings, G. E. Swan, E. H. Drake.

On Diseases of Eye and Ear—Dr. E. L. Roberts.

On Diseases of the Teeth—Dr. Isaac Douglass.

The following preamble and resolutions were offered by Dr. I. N. Eldridge, and passed:

Whereas, False imputations are frequently thrust upon members of this Institute, charging them with using Allopathic medicines and prescriptions in their practice; and

Whereas, This unjust and libelous charge comes in consequence of professed Homœopathic Physicians using prescriptions and other modes of treatment as practiced by Allopathists, the tendency of which is to bring reproach upon the cause of Homœopathy and upon members of this Institute and upon other practitioners of our system; therefore, be it

Resolved, That the members of this Institute hereby one and all, unqualifiedly condemn and repudiate any departure from the principles and practice of pure Homœopathy.

Resolved, That we will not countenance or hold fellowship, professionally, with any who thus bring disgrace and odium upon our system of practice.

Resolved, That this Institute recognizes only one principle of therapeutics, and this principle is embraced in the law of "*similia similibus curantur*," as enunciated by Hahnemann. To this principle we, as the representatives of homœopathy in this State, will adhere, knowing, as we do, that the only safe and certain way of curing the sick is embraced therein.

On motion, the thanks of the Institute were given to Prof. Hempel for his very able address.

After thanks to the physicians of Detroit for their hospitality, the Institute adjourned to meet at Jackson, Michigan, on the third Tuesday of June, 1867.

EDWIN A. LODGE, *Secretary*.

WESTERN INSTITUTE OF HOMŒOPATHY.

The third annual meeting of the Western Institute of Homœopathy was held at Cleveland, May 28d, 1866, Dr. A. O. Blair, President, in the chair. Owing to the absence of Dr. W. T. Helmuth, the Secretary, Dr. T. P. Wilson was appointed Secretary pro tem.

Rev. Mr. Starkey, of Trinity Church, then opened the Institute by prayer.

The Chair then introduced Dr. S. R. Beckwith, who gave an address of welcome on the part of the physicians of the city. The address was replete with many fine thoughts and valuable suggestions.

The Chair announced the Board of Censors, consisting of Drs. S. R. Beckwith, Smith Rogers, D. A. Colton and G. W. Bowen, and requested all who might desire to become members of the Institute to retire with the Board for examination.

The Secretary presented the credentials of the following gentlemen as delegates: Horatio Robinson, Jr., M. D., of Auburn N. Y., from the New York State Homœopathic Society; D. Cowley, M. D., and Thos. Hewitt, M. D., of Pittsburgh, from the Homœopathic Medical Society of Alleghany Co., Pa.; H. H. Hoffman, M. D., from the Homœopathic Dispensary of Pittsburgh; E. M. Hale, M. D., of Chicago, and L. E. Ober, M. D., of LaCrosse, Wis., from the Illinois State Homœopathic Society; J. F. Cooper, M. D., of Pittsburgh, from the Homœopathic Hospital of Pittsburgh.

On motion, the credentials were accepted, and the delegates invited to seats in the Convention.

The Board of Censors reported the following named gentlemen, and on motion, they were duly elected members:

Drs. L. W. Sapp, Cleveland; Geo. E. Shipman, Chicago; H. M. Logee, Linsville, Pa.; S. A. Boynton, Cleveland; N. B. Wilson, Cleveland; N. Schneider, Cleveland; W. E. Saunders, Cleveland; Geo. W. Barnes, Cleveland; H. B. VanNorman, Ashtabula, O.; J. Rust, Wellington, O.; C. C. White, Columbus, O.; J. D. Buck, Sandusky, O.; Orrin Fowle, Hillsdale, Mich.; D. Cowley, Pittsburgh, Pa.; R. B. Rush, Salem, O.; J. F. Cooper, Pittsburgh, Pa.; L. B. Dye, Nelson, O.; H. C. Chase, Strawberry Point, Iowa; D. H. W. Carley.

On motion, Dr. Smith Rogers was appointed Treasurer pro tem.

Dr. J. P. Dake enquired the boundaries of the Western Institute. Several members gave various explanations, and the Chair decided the boundaries included all the States west of the Alleghany Mountains, but this did not exclude any who lived east of those lines.

The names of Horatio Robinson, Jr., M. D., of Auburn, N. Y., and Mr. G. W. Smith, Pharmaceutist, Cincinnati, were proposed as honorary members. After some discussion the matter was laid on the table.

The report of the committee on drug proving was called, and Dr. T. P. Wilson read an interesting report on *Collinsonia canadensis*, prepared by Dr. W. H. Burt, of Lincoln, Ill.

The report was accepted and placed in the hands of the Committee on Publication.

Dr. S. R. Beckwith presented an invitation to the members from the Directors of the Hahnemann Life Insurance Company to partake of a collation at the insurance rooms at five o'clock this afternoon.

The invitation was accepted, and the Institute then adjourned to meet at two o'clock P. M.

AFTERNOON SESSION.

Dr. E. Franklin, Vice President, in the Chair.

Report of committee on drug proving being in order, Dr. Burt's proving of *Collinsonia* was taken up and discussed by Drs. Hale, Allen and Shepherd.

Prof. H. C. Allen, of Brantford, Canada West, presented a very remarkable proving of *Permanganate of Potash* made upon himself, taking in all 221 grains during ten days. [This will be published complete in the August number of this magazine.] The paper was then discussed largely by Drs. Hale, Allen and Franklin, and the gentlemen uniformly agreed that this was likely, both from clinical experience and the provings made, to be one of the most successful remedies for the cure of diphtheria.

Dr. E. C. Franklin, from the committee on surgery, then presented an exhaustive article upon Carcinoma. Dr. Franklin remarked that his article constituted a part of a forthcoming work upon surgery. If the article presented is a fair measure of the rest of the forthcoming work the medical profession will receive immense benefit its publication.

Dr. Beckwith, who took exception to the indiscriminate use of the knife.

The Board of Censors reported the names of Drs. B. C. Cyriax, Cleveland; A. W. Wheeler, Cleveland; J. M. Johnson, Cleveland; J. Hooper, Brooklyn, O.; G. H. Blair, Columbus, O.; S. A. Robinson, Conneaut, O.; for membership, who were elected.

At five o'clock the Institute adjourned to the rooms of the Hahnemann Life Insurance Co., where they were introduced by Dr. S. R. Beckwith to the President and Directors of the Company. His Honor, Mayor Chapin, the President, gave an address of welcome. Prof. C. J. Hempel being invited to reply, made a very clear and forcible statement of the principles upon which the Insurance Com-

pany rested. The cause of the company and the interests of the profession were one. Let the indisputable fact be known that more patients are cured and far less people die under the benign treatment of our school, and they will not only be sure to employ homœopathic treatment, but they will be sure to insure their lives with a company whose rates are much lower than those of any competing company not based upon this truth. Dr. Hempel pledged the gentlemen present and the entire profession to the support of the Hahnemann Life Insurance.

Mr. Mills, the Secretary then invited the company to a very generous repast in the adjoining room. Toasts, speeches and conviviality ruled the hour, much to the enjoyment of every one present. The meeting finally adjourned to meet at Garrett's Hall, at seven o'clock in the evening.

EVENING SESSION.

Dr. E. C. Franklin was called to the chair.

On motion the regular order of business was suspended and the committee appointed last year to publish a quarterly Medical and Surgical Journal in Chicago, and felt assured that they had succeeded in giving to the profession a journal equal in character to any published in this or any other country.

The committee adopted the report, and on motion, the publisher was requested to continue its publication.

Dr. Geo. E. Shipman, with the Corresponding Secretary, was made a finance committee to report upon the finances of the Institute of the last year.

Dr. E. M. Hale presented the following series of resolutions recommending the American Institute to transform itself into a representative body, or to become a sort of Medical Congress.

Resolved, That in the opinion of the members of the Western Institute, the cause of homœopathy will be greatly benefitted by a re-organization of the American Institute in such a manner as to make it an American delegated body.

Resolved, That we consider it both possible and proper to so amend the constitution of the American Institute that its meetings shall be held twice in two years.

After a lengthy discussion the resolutions were passed.

The regular order of business being taken up, Dr. T. P. Wilson presented an able paper on the Nature of Disease and Theory of Cure. He proposed to apply the laws of conservation and correlation of forces to the theories of pathology and therapeutics at present entertained, in such a way as to make an entire revolution of them.

Dr. J. P. Dake dissented from the views of the article.

Dr. E. M. Hale, and Dr. Cyriax differed also from the views presented.

The report was accepted.

On motion, the Chair appointed Drs. S. R. Beckwith, Hale, Dake, Helmuth and Ludlam, as delegates to the American Institute.

On motion of Dr. Hale, the societies of the Western States were

requested to appoint their annual meetings before the regular annual meetings of the Western Institute.

Dr. Ober moved the appointment of a Nominating Committee.

The Chair appointed Drs. Ober, Dake and Cowley.

Dr. S. R. Beckwith moved that the chair appoint an orator and alternate to deliver a public address before the Western Institute at its next session.

The chair appointed Dr. T. P. Wilson as the orator, and Dr. E. M. Hale, alternate.

The Institute then adjourned.

THE SUPPER.

At the adjournment of the evening session the members of the Institute were invited by the homœopathic physicians of the city to partake of a supper at the dining hall of Mr. S. W. Garrett, which was accepted, and about nine o'clock a large party of ladies and gentlemen sat down to a very fine repast.

Prof. Franklin, of St. Louis, was called upon to preside, which he did with great acceptability.

After the supper had been properly attended to, the chairman read the regular toasts, which were responded to very happily.

SECOND DAY'S PROCEEDINGS.

Institute met at 9 A. M., Dr. L. E. Ober, Vice President, in the chair. The committee on publication of proceedings, through Dr. Ober, reported that Mr. C. S. Halsey had kindly offered to incorporate the proceedings in the United States Medical and Surgical Journal, without expense to the Institute. Accepted.

Dr. J. P. Dake explained the condition of the forthcoming Homœopathic Directory, by Dr. J. B. Hall.

Dr. Hempel moved that the Institute cordially approbate the labors of Dr. Hall, and give him all possible support in the undertaking. The motion was carried.

Dr. D. Cowley, of Pittsburgh, presented a report from the Medical and Surgical Hospital and Dispensary, recently established in that city, and in a prosperous condition. Drs. Dake and Allen commended the liberality of the physicians of Pittsburgh, and hoped their example would be followed by the physicians throughout the country.

By request, Dr. Cowley read an article upon *Typho enteritis*.

The pathology and diagnosis of the disease were minutely detailed, and an interesting case given, with appearances upon *post mortem* examinations. Several other cases were described, which were treated successfully.

Dr. Sapp moved that it be accepted and placed in the hands of the committee for publication.

Drs. Hempel and Wilson expressed themselves greatly pleased with the paper, and desired its publication.

Dr. Carley said that the paper was remarkable in detailing fatal cases. Physicians were willing to report successful cases, but not unsuccessful ones.

Dr. Allen suggested that too many remedies were given and too frequently changed.

Dr. Hempel thought the higher potencies not so well adapted to this disease as the lower preparations.

Dr. Sanders considered the disease very common, especially among women, and so obscure as to be often taken for *Ovaritis*.

Dr. Beckwith thought Aconite internally and externally best in the first stages, and subsequently Cuprum aceticum would accomplish the most good.

Dr. Hale then read an interesting article on the periodicity of drug action. The proving of drugs have heretofore failed to develop as fully as was desirable, the periodical return of symptoms.

Dr. Dake called attention to the defect in the *Materia Medica* in showing the characteristics as well as periodical symptoms of drugs.

The Board of Censors reported the following gentlemen for membership:

Dr. A. S. Hinkley, Buffalo, N. Y.; Dr. W. M. Eddy, Warrensville, O.; Dr. A. S. Leland, Whitewater, Wis.; Dr. W. S. Butler, Aurora, O.; Dr. H. H. Jackson, Chagrin Falls, O., who were elected members.

Dr. J. C. Sanders then presented a lengthy report on Uterine Displacements.

Dr. Wilson, chairman of the committee to select the place of next meeting, reported Milwaukee. On motion, Indianapolis was substituted.

Dr. Hale moved that when the Institute adjourn it be till the third Thursday of May, 1867. Carried.

Dr. S. R. Beckwith offered a resolution of thanks to Dr. E. C. Franklin for his efforts in producing a reliable work upon surgery, and pledged to him the aid of the profession.

The committee on nominations reported the following officers for the ensuing year:

Dr. C. C. Franklin, of St. Louis, President; Dr. L. E. Ober, of La Crosse, 1st Vice President; Dr. D. H. Beckwith, of Cleveland, 2d Vice President; Dr. T. P. Wilson, of Cleveland, Recording Secretary; Dr. E. M. Hale, of Chicago, Corresponding Secretary; Dr. G. W. Barnes, of Cleveland, Treasurer. Board of Censors—Drs. G. W. Bowen, R. Ludlam, J. C. Sanders, G. W. Chittenden, S. Rogers, S. B. Parsons.

On motion, they were unanimously elected.

Dr. Sapp offered a resolution to the effect that a record of post mortems should be more generally made and kept by the members together with the previous history and treatment of the cases.

Dr. Franklin reported the following Committees:

Drug Provings—Drs. Barnes and Burt.

Surgery—Drs. Mitchell and Allen.

Anatomy—Drs. Helmuth and Cotton.

Physiology—Drs. Hooper and Hinkley.

Obstetrics—Drs. Walker and Sapp.

Chemistry—Drs. Shipman and Hoffman.

Pharmaceutical Preparations—Dr. E. M. Hale.

Clinical Medicine—Drs. P. H. Hale and Blackburn.

Pathology.—Drs. Dake and Comstock.

Contingencies of Labor—Dr. R. Ludlam.

Therapeutics of Electricity—Dr. D. W. Rogers.

Topical Applications—Drs. Cooper, S. R. Beckwith and Franklin.

On motion, the Chair appointed delegates to the various Medical Conventions of the country.

A committee was appointed, consisting of Drs. Hale, Cowley and Helmuth, to make arrangements with the American Institute of Homœopathy to have the profession represented at the next International Exhibition to be held in Paris.

Adjourned till 2 o'clock, P. M.

AFTERNOON SESSION.

Dr. D. H. Beckwith was called to the Chair. On motion Prof. Humiston was made a special committee to report at the next meeting upon Chemistry in Disease.

A discussion on Cholera ensued, which was participated in by Drs. Cyriax, Robinson, Allen, Bosler, Beckwith and Logee.

Dr. T. P. Wilson introduced the following resolution:

Resolved, That the Western Institute of Homœopathy recommend no preventive or curative treatment of cholera but such as is known to Homœopathic physicians everywhere, and we urge upon physicians to give full and free information upon the subject.


A very lively discussion arose on the subject, in which nearly all present took part. The resolution was finally passed.


Dr. Beckwith moved the publication of the proceedings. Carried.

Dr. Logee moved a vote of thanks to the Cuyahoga County Medical Association, the Homœopathic physicians of the city, and to the Hahnemann Life Insurance Company, for the liberal entertainment furnished the Institute.

A vote of thanks was tendered to Dr. H. H. Baxter for his efficient aid in preparing the minutes of the convention.

On motion, the Institute adjourned.

 Instead of the usual variety of articles, we present our readers, this month, with the proceedings of the American, Western and Michigan Institutes; an article on Cholera, adapted to popular use; proving of *Collinsonia*, etc. The August number will contain a valuable proving of *Permanganate of Potash*, by Prof. H. C. Allen, and several other papers of interest and value to the Homœopathic profession.

 We have progressed with the second edition of "New Remedies" as far as letter E. Provings or clinical contributions *after letter G*, if sent to Prof. Hale during July, will be inserted and credit given to the contributor.

Materia Medica.

For the American Homœopathic Observer.

PERMANGANATE OF POTASSA.

A Proving by H. C. Allen, M. D., Professor of Anatomy in Cleveland Homœopathic College.

This salt is prepared by mixing equal parts of Binoxide of Manganese and Chlorate of Potassa with five parts of Hydrate of Potassa, dissolving in a little water, and after evaporating to dryness, exposing the whole to a temperature just short of redness. (It should be re-heated three or four times in order to obtain a good article.) The mass is now treated with hot water, the insoluble oxide separated by decantation, and the deep purple liquid, concentrated by heat, is allowed to crystallize upon cooling. The crystals are long, slender, prismatic-shaped, of a dark purple color, inodorous, with a very pleasant sweet, astringent taste, soluble in sixteen parts of water, but insoluble in *absolute alcohol*. A single crystal in an ounce of water forms a beautifully rich purple solution, and presents another instance of the extreme divisibility of matter. When subjected to a bright red heat they decrepitate, evolving oxygen gas in large quantities. Mitscherlich found that the Permanganate of Potassa and Perchlorate of Potassa were isomorphous, which was afterwards confirmed by the researches of Miller. Its chemical formula is $KO, M. N_2, O_7$.

Dr. Sampson, of London, affirms that he has used it with some success in diabetes; but Dr. King, the eclectic, says that "he has not found any encouraging effects from its administration" in the same disease. The ordinary dose in which it has hitherto been administered is from three to five grains in a little water, three or four times a day. (Journal of Phar. Trans., London, page 18.) In 1857 it was first used as a caustic and

deodorizer, and very highly prized by some European physicians. It forms the base of Condry's disinfecting fluid, extensively used in hospital practice as an application to foul ulcers, in which it acts in a double capacity, as a deodorizer and escharotic. It is principally used in solution, and acts with much less pain than most escharotics, hence its empirical use by some physicians of every school as a local agent in diphtheria maligna. The disinfecting lotion may contain from two to ten grains of the salt to the fluid ounce, according to circumstances. Like some other valuable drugs, our eclectic brethren were the first to bring it into general use in diphtheria, but as usual, without any definite indications to guide its administration at the bedside in disease. To them it was a caustic, disinfectant, deodorizer, and diuretic; and they have used it with more or less success in foul ulcers, malignant diphtheria, and some forms of kidney affections. My friend, Dr. Nichol, of Bellville, C. W., has made extensive use of it in diphtheria for some time, with very flattering success; and I have myself used it internally in the ulcerative stage of malignant diphtheria, with very satisfactory results. In malignant ulcerations of the os uteri, with profuse, corroding, very offensive discharges, it has a few equals as a local application.

Not satisfied with its empirical use alone, and being unable to find that a proving had ever been made, I resolved to make the attempt. I have received the assistance of my partner, Dr. C. D. Tufford and two of my students, T. E. Allen and Thomas James.

I am of a nervous-sanguine temperament, not using tea, coffee, tobacco, or any alcoholic stimulant, and in the enjoyment of good health. I am very sensitive to the action of medicinal agents, even in the 2d and 3d attenuation.

Tuesday, April 24, 1866.—At 10:45 A. M., I took six grains of the salt. In twenty minutes felt a hot, burning sensation in the cardiac extremity of the stomach, with a peculiar constricting, smarting sensation in the throat and fauces, attended with a slight inclination to swallow, and a hot, uneasy, constricting sensation throughout the whole length of the œsophagus, which continued for two hours, but as it was relieved by eating, I

attributed it to the irritating presence of the salt coming in contact with the mucous membrane of the fauces and alimentary canal. 3:45 P. M., took ten grains more. At 4 P. M., felt a burning, nauseating pain in the fauces, extending down the œsophagus to the stomach, attended with a dryness and constant inclination to swallow. 4:20 P. M.,—Throat and fauces feel raw and sore, with an acute pain extending to the ears on swallowing. 4:40 P. M.—Hot, burning pain in the stomach, which appears to radiate over the whole epigastrium. 5 P. M.—Continual dryness in the throat, with a slight irritating, hacking cough on attempting to swallow. 5:30 P. M.—Deep-seated pain in lower part of the larynx, particularly in the region of the cricoid cartilage; fauces red and inflamed, and the desire to swallow increasing; the whole throat and larynx feels as though the cavity was constricted, apparently from thickening of the mucous membrane of fauces and larynx.

April 25.—Could take but ten grains of the salt to-day, as my throat was so painful that it was with difficulty I could swallow. 10 A. M.—Took the drug. Soon after felt a nauseating, sickening sensation at the stomach, and an increase of all the former throat symptoms, with loss of appetite and constipation.

April 26.—At 9:40 A. M., took fifteen grains of the salt. In fifteen minutes had a short, hacking cough, with a constant, painful urging to swallow, which produced nausea and inclination to vomit, with profuse lachrymation. 10 A. M.—Rough, raw, scraping sensation in the throat, with a constant inclination to swallow, which is very painful. 10:30.—Sharp, piercing pain extending from the throat to the left mastoid process of temporal bone, apparently along the course of the eustachian tube. 11 A. M.—Constant inclination to hawk up something which is ineffectual; the mucous membrane of the throat and larynx feels thick, and the larynx very painful. 11:30.—Took ten grains more. 12:30.—Throat very dry and raw, and a sanious discharge from the nose; nares feel stuffed and full, as in catarrh; the discharge is blood streaked, although I had no catarrhal symptoms at 9 A. M. Constant, short, painful, hacking cough, and what little is coughed up is streaked with

blood as if the throat were raw; very little nausea and pain in stomach compared with yesterday. A great deal of pain in the throat all day, particularly on swallowing, for which there appears to be a constant desire. Discharge from the nares and larynx is streaked with blood, and a sensation in hawking or clearing the larynx, as though the surface was raw. 9 P. M.—Throat, mouth and lips in particular, are very dry, the latter smart when exposed to the cold air; urine more profuse than usual, and has to be voided more frequently.

April 27.—Had a restless night. 2:30 P. M.—Took another ten grains. In half an hour had an increase of the same smarting, burning pain in the throat, extending along the esophagus, attended with burning pain in the stomach. 4. P. M.—A deep-seated, sickening pain in the stomach, with a raw dryness in the throat, and constant inclination to swallow. 5 P. M.—Have had during the last hour a profuse flow of saliva from the mouth (so much so as to attract my attention, although I have had more or less all day, but I was not sure it was caused by the drug) with the same constant inclination to swallow manifested after each dose of the drug, but has now become *very painful*. Uvula soft, palate and fauces are mottled of a dark red color, with livid spots here and there. The mucous membrane of the fauces and posterior wall of the pharynx feels thickened, and a constant hawking up of a thick, blood-streaked, tenacious mucus, which appears to be abundant but in reality is very little; aching pain in the region of the cricoid cartilage, aggravated by every attempt of deglutition. The appetite not much affected, but obstinate constipation ever since I began to take the Permanganate.

April 27.—At 6. P. M., took twenty grains of the crude drug. In fifteen minutes had more violent pain in the throat than have hitherto experienced, with nausea and vomiting, first of the contents of the stomach, afterwards of a thick ropy fluid, which is ejected in large quantities but with very little difficulty. Profuse salivation. 6:35.—The fauces and pharynx are red and very painful, and the efforts of deglutition almost incessant, with a profuse flow of saliva, which is allowed to escape from the mouth on account of the pain produced by swallow-

ing. Urine very profuse and clear. 7 P. M.—Nausea and vomiting of the same thick mucus continues; head feels full, face hot, pulse 92, and a profuse perspiration makes its appearance. Compelled to assume the recumbent position. Throat feels raw and swollen, and is very painful, even when not attempting to swallow. Profuse flow of watery urine. Slight hemorrhage from the nose; feel weak and very much prostrated; efforts of deglutition incessant and *very painful*. 8:30 P. M.—Took twenty grains more of the drug. In 20 minutes felt an aggravation of all the former symptoms; nausea and vomiting to such an degree that I began to search in vain for an antidote. 9 P. M.—Profuse hemorrhage from the nose; constant, intense, painful, inclination to swallow, but cannot do so; profuse flow of saliva, with a burning, raw, smarting, nauseating pain in the fauces, pharynx, larynx, and extending down the œsophagus to the stomach; vomiting incessant, though painless; everything that is hawked up from the throat is streaked with blood; a sanious discharge from the nares; the posterior nares are painful, and the mucous membrane appears to be thickened so as to almost fill the cavity; speech painful and difficult, hoarse, and as though I had tonsillitis; pulse 94; considerable difficulty is experienced in opening the mouth, on account of soreness of parotid gland and muscles of the neck. 9:30 P. M.—Nasal hemorrhage, not so profuse as before. 10 P. M.—Almost constant flow of ropy mucus from the stomach, which is ejected without pain, but does not in the least relieve the nausea. Had a sleepless night; fever, thirst, but inability to drink, and was compelled to urinate four or five times, (an unusual circumstance with me,) urine clear, watery and in considerable quantities each time.

April 28.—Did not feel inclined to take any more of the drug; could eat no solid food on account of the swollen and painful condition of the throat; felt weak and unable to attend to any business; profuse salivation still continues, but have had no vomiting to-day; urine profuse; obstinate constipation. Pulse, at 2 A. M., 80.

April 29.—Took no more of the drug to-day, in order to take something nutritious, as I have been unable to eat for two

days. Symptoms gradually abating; salivation still profuse, and the throat swollen and very painful.

May 1.—Took thirty grains at 7:35 A. M. In a short time a return of all the symptoms previously related, especially the constant inclination to swallow, which had in some degree abated since leaving off the use of the drug. No new symptoms were developed. 11 A. M.—Took thirty grains of the drug. In half an hour a return of all the symptoms in an aggravated form, particularly the throat and nose symptoms; coughing, or even hawking, brings up a sanious fluid; increased flow of saliva, which runs out of the mouth almost constantly, with more pain and difficulty of deglutition than ever. Nasal hemorrhage, and vomiting of the same ropy fluid, without pain. Pulse at 9 A. M., 95. Head feels full, throat dry, painful, with incessant attempts at deglutition, from which it seems almost impossible to restrain. Uvula œdematous and very much elongated.

May 2.—At 9 A. M., took thirty grains. Soon felt an increase of the pain in the throat, and constant inclination to swallow. The vomiting, which had ceased last evening, return in an aggravated form, attended with a burning, nauseating pain in the stomach and duodenum, which becomes almost insupportable. Salivation profuse; sanious discharge from the nares; acute pain in the throat, extending to the ears and larynx, and producing a titillating cough. 12 M.—Soft palate swollen; uvula swollen, and looks œdematous and of a dark red color; whole throat feels raw, and everything which is raised by coughing or hawking is streaked with blood.

May 3.—Took, at 10:30, thirty grains. Nothing new was developed, but an active increase of all symptoms previous. The muscles of the neck feel sore, particularly the digastric and stylo-hyoid and the cervical glands opposite the hyoid bone swollen and are very painful. Small ulcerated spots here and there on the walls of the throat, with stinging, burning pains.

May 4.—At 2 P. M., took thirty grains more. In thirty minutes a profuse discharge of saliva and urine; nausea and vomiting, and a terrible weakness and languor, particularly of the lower limbs, which compelled me to lie down. The legs feel as

though I could not move them, and tremble when I attempt to stand. Nose feels stuffed and full, and hemorrhage sets in on every attempt to free the obstruction; a thin discharge from the nares, which smartens and irritates the mucous membrane; throat feels raw and bleeds on attempting to hawk up the secretions which appear to completely fill the cavity. I could take no more of the drug, from a loathing which would almost produce vomiting to look at it; and although a month has elapsed since I took any of the drug, the simple taste, or even the sight of it, will produce nausea.

I took in ten days 221 grains of the salt. My partner took 51 grains in three days. Pain, heat and dryness of the throat, with a constant desire to swallow, although deglutition was painful. These were the principle symptoms manifested. My students did not take so much, but in each case the throat was primarily affected.

DEDUCTIONS AND CLINICAL OBSERVATIONS.

The Permanganate acts powerfully and at once; and like some other powerfully acting drugs, particularly Camphor, its action is very transient, hence it will bear a frequent repetition. Its sphere of action, or range, differs widely from Arsenic, affecting comparatively but a few organs, but on these it acts promptly, and appears to expend all its force in a short time, unless repeated. In my opinion the Permanganate of Potash is destined to fill a vacancy in our *Materia Medica*, in the treatment of diphtheria, long felt by the profession. It appears to be best adapted to that malignant type of the disease, with extensive swelling of the throat and cervical glands; pseudo-membraneous deposit, partially or completely covering the entire fauces; profuse salivation; deglutition difficult or altogether obstructed; a thin, sometimes sanious muco-purulent discharge from the nares, excoriating the parts with which it comes in contact; speech thick and obstructed, and breath, very offensive. In fact, the more offensive the breath the more promptly its action appears to be manifested. There is no remedy in our *Materia Medica*, with which I am acquainted, that will so rapidly and surely remove the offensive odor of the diphtheritic breath as the Permanganate. The Chlorate

of Potassa approaches its action in this respect more nearly than *any other remedy*.

EXPERIMENTS WITH THE MEMBRANEOUS DEPOSIT OF DIPHTHERIA.

Since the appearance of Dr. Helmuth's treatise on Diphtheria, I have subjected the diphtheritic membrane to the action of numerous chemical reagents, such as Caustic Ammonia, Per-chloride of Iron, Sulphur, Nitric, Hydrocyanic and Muriatic acids, Caustic Potash, and lastly, the Permanganate. Through [the kindness of Dr. R. J. P. Morden, of London, C. W., I obtained a very fine specimen of membrane preserved for ten days in alcohol. This was the first opportunity I had had of testing the action of the Permanganate on the membrane since proving the drug, and the result more than fulfilled my most sanguine expectations. In twenty-five minutes the continuity of the deposit was completely destroyed, although it had been hardened by alcohol. I have several times since subjected the recent membrane to its action with still more prompt and satisfactory results. From these experiments I am convinced (although I have never used it) that as a topical application in diphtheria maligna it has no equal in our *Materia Medica*.

PREPARATION.

I have never used it in any other form except the crystal and first decimal trituration. In each case dissolved in distilled water or clean rain water. Prof. Hale says that alcohol will render the drug inert, even in small quantities, and spring water strongly impregnated with lime and other substances, will have the same effect.

It has a specific action on the kidneys, but I am unable as yet to say in what disease it will prove curative. That must remain for further research to disclose.

Case.—Miss Edith Tisdale, aged six years, came under my care after she had suffered with a soreness of the throat, attended with high fever, for a week. She had violent headache; throat swollen and painful, not much difficulty in swallowing, profuse salivation; the cervical glands were swollen and painful, and the entire fauces covered with the peculiar wash-leather-like, grayish colored membrane. The breath was very

offensive from the beginning of the attack, and a thin, watery, sanious fluid escaping from the nares, which had already excoriated the superior labium. I immediately pronounced it a malignant case of diphtheria. Gave her *Mercurius iodatus*, 2d trituration, every two hours, which was continued for two days without any improvement. Biniodide of Mercury was now substituted, in alternation with *Belladonna*, as her headache was still severe; continued 36 hours without any apparent improvement. Caustic ammonia tincture, three drops in water, was now given, dessert-spoonful every two hours, and as the odor of the breath was almost unbearable, I gave a solution of Muriatic acid as a gargle, but as she could not gargle her throat, I gave it internally, with the same result. Hitherto I have had more satisfactory results from the use of Caustic ammonia in malignant diphtheria than any other remedy I ever used, and began to despair (when I saw it fail me,) of saving my little patient. The Muriatic acid having no effect on the odor of the breath, I discontinued the other remedies and gave her Chlorate of Potash, 1st trituration, in water, with the same result. From the commencement the friends had very little hope of her recovery, as they had already lost their oldest son with the same disease. A dark colored, offensive diarrhoea was now added to the list, which, with vomiting, fluids taken by the mouth were returned by the nose, and a general prostration seemed to be the precursor of a fatal termination. Gave Iodide of Arsenic 2d, every two hours, but with no improvement. At this stage I dissolved three grains of Permanganate in one-half glass of water, gave her a teaspoonful at nine P. M., to be repeated every hour until I saw her. Called at 12 P. M., found her very much improved, breathing easier, and a warm perspiration had made its appearance. Continued the medicine. The next morning when I called the improvement was very perceptible on the countenances of the friends before I entered the room. Found her sitting up in her bed, and her whole appearance changed. On examining the throat to my astonishment I found the membrane, hitherto so extensive, almost gone, a small patch on the left tonsil alone being visible. The offensive character of the breath was completely changed; in fact, I could discover no

odor at all. Continued the medicine every three hours while awake, and she went on to a speedy convalescence.

This is only one of a number I could relate treated with the Permanganate, all with equally good results.

I am unable at the present to give a reliable antidote, but would recommend some alcoholic preparation to be tried; Brandy, or even diluted alcohol. Wine may prove an effectual antidote.

ASCLEPIAS TUBEROSA.

Two Provings of the Oleo-Resin of Asclepias Tuberosa, with clinical cases. Presented to the Michigan Institute of Homœopathy by P. H. Hale, M. D., of Hudson; Member of the Committee on Drug Provings. (June 19th, 1866.)

The oleo-resin was selected because the author considers that all the active, medicinal qualities of the plant are contained in that preparation, which is about — times the strength of the ordinary tincture. Prover in good health.

March 11, 9, A. M.—Took ten drops. At 11 o'clock experienced the following symptoms: Slight burning at the stomach; sour and hot eructations, tasting of ingesta. This burning soon increased and amounted to a pain; thirst, some nausea, and increase of saliva; tightness about the left side of the head, with flushed face and some burning in the eyes and watery discharge from the nose. Feeling of weakness, with some trembling of the arms and legs. Pulse 60, (80 in the morning before taking the medicine.) Experienced some slight rigors and creeping chills over the whole body, with yawning and stretching.

1 o'clock, P. M.—Took 15 drops. At two, P. M., felt very chilly, particularly when going into the open air or on movement. Pulse 55, feel exhausted and inclined to perspire on the extremities, and when exercising. Oppressed breathing, a tightness across the chest, especially on the right side, aggravated by lying down. Dull pain under the right clavicle, becoming sharp when taking a long, deep inspiration. Pain in the region of the bladder. Pulse at 4, P. M., small and 60 per minute.

6 o'clock, P. M.—The burning in the stomach continues; pain in the chest has increased, and there is now a heavy sensation in the

region of the liver. Urine slight and very dark in color, and some scalding. Occasionally a sharp pain in the region of the bladder. Heavy dull pain in the small of the back with heaviness in the limbs. Went to bed at ten o'clock, felt feverish, pulse 75 and fuller than at any time since morning, restless and could not sleep. At midnight a pungent heat over the whole body, with some sweat on the limbs, almost scalding. Pulse 90, with great thirst, although the tongue was moist.

Monday morning.—A sensation on rising and moving as of soreness all over, tongue dry and coated, pain in the small of the back and a soreness all over the abdomen. Pain in the right lung and a sensation of tightness across the chest. Soreness of the scalp, particularly of the left side. Severe pain in the right side of the chest on taking a long breath, aggravated by lying down. Urine small in quantity, thick and dark colored.

Tuesday morning.—Slept better, but had some troublesome dreams. The pain in the chest is less, and felt only when taking a deep inspiration. Sensation of soreness in the epigastric region and across the abdomen. Frequent desire to urinate, urine small in quantity and high-colored.

Wednesday.—The symptoms were about the same, except that a sensation of soreness or lameness had taken the place of the sharp pains. The right chest, (lungs,) seemed sore when taking a deep inspiration.

REMARKS.

My clinical experience with *Asclepias tuberosa*, leads me to believe it a powerful curative agent in diseases of serous membranes, especially the pleura. It has also an undoubted action over the respiratory and gastro-intestinal mucous membranes. The proving made on myself seems to prove this assertion. The symptoms elicited were such as attend cases of pleurisy. Contrary to my expectations its action on the kidneys was to arrest the normal secretion of urine. May it not be that with this diminution of urine there was an absorption of its constituents, causing some of the morbid symptoms? I herewith present a proving by one of my students.

Proving by C. F., a medical student. (At the commencement of the experiment was in good health.)

Tuesday Morning, March 13, 9 o'clock.—Took about 5 drops of the Oleo-resin of *Asclepias tuberosa*. Felt no sensations referable to its effects, owing perhaps to excitement from running and having my mind occupied on some urgent business.

2 P. M.—Took 10 or 15 drops. Felt immediately a flush of the face and tenseness of the scalp, with a remote tendency to headache, (which I rarely have,) with a tremulousness of the limbs, heat and burning in the stomach within half an hour, followed by dullness. Obligated to stop reading, inability to fix my mind on the subject. Slight nasal coryza.

3 P. M.—Most of the symptoms gone, except heat of the face and head. Pulse 76, rather fuller than usual, throbbing of carotids. 4:30 P. M.—Symptoms abated. Pulse 70. Took about 10 drops. 4:45 P. M.—Took 30 drops of common tincture. Pulse 66. During the evening a gastric burning like heartburn; also throat slightly sore. 9:30 P. M.—A very bad taste in the mouth, like bad eggs, have had such when bilious. Pulse 70. More saliva than usual. Urine scanty, fæces thinner and less than normal. Diminution of sexual desire at night.

Wednesday, March 14th, 5:30 P. M.—Took 40 drops of tincture. Followed by belching of flatus.

Thursday, 15.—During last evening no symptoms, but a moderate amount of gastric irritation or burning, although after a light meal slept as sound as usual. This morning urine and fæces nearly normal,

REMARKS.

The symptoms elicited by this proving were mainly febrile and gastric. This is probably owing to some constitutional peculiarity. I am more disposed to have a cough and chest-pain after a cold than is C. F.

I will here remark that I have several times taken the first and second dilution of the common tincture of *Asclepias tuberosa*, and have given it to other persons, in good health, but never observed any pathogenetic effects follow its administration.

My experience, however, with the dilutions of this medicine, in cases of *disease*, satisfy me that minute doses affect the system in disease in a prompt and decided manner. I have recently treated two cases with this remedy, which are worthy of mention.

CASE 1.—Dropsy, supposed to be Ascites with Ovarian disease. The case is one of eight months continuance. The patient had had a chill every third night for several weeks. Many medicines were used without any apparent good result. I directed that all other medicine be discontinued and prescribed three drops of the first decimal dilution of Oleo-resin of *Asclepias tuberosa*, to be taken at the beginning of the chill. It controlled the fever, relieved the cough and flatulence, which always before had troubled her all night. No

chill or fever has occurred since that date. The ascites has decreased under the use of this remedy, and it bids fair to effect a permanent improvement.

CASE II.—Puerperal difficulty. Mrs. P., aged 30, confined with her second child. At the end of three weeks she was attacked with rigors, and swelling of the abdomen, fullness and tenderness across the uterine region; high fever, intense burning, pungent heat of the whole body, with hot sweat of the forehead and limbs. Pulse 120. In addition she had severe pains in the right side of the chest, inability to lie down in bed, with a short, hacking cough.

The uterine discharge was a dark, sanious matter, (the lochia proper was suppressed.) The whole aspect of the case led me to diagnose inflammation and suppuration of the uterine veins, with consequent pleuritis from purulent absorption. (See Marcy & Hunt's Practice, page 820.)

Various remedies were administered with but little effect over the pleuritic symptoms, although the uterine symptoms seemed improved. At this stage I concluded to try the *Asclepias*. Three drops of the Oleo-resin were given every three hours. In twenty-four hours a marked improvement had taken place. She could assume the recumbent position, and could take a deep inspiration with less pain in the side. The normal lochial discharge reappeared; pulse 100, and all the other symptoms much improved. The remedy was continued, and convalescence continued without interruption.

DIOSCOREA.

PROVING BY THOMAS NICHOL, M. D., BELLEVILLE, C. W.

Dec. 1st, 1865.—At 11 A. M., took a teaspoonful of the 1st decimal dilution, in a little water; at 11:30, nausea and qualmishness, with stitching pain in the region of the heart, and an uneasy feeling in the umbilical region. At 12:50 P. M., belching up of wind, and continued uneasiness of the umbilical region; at 3 P. M., rumbling of the bowels, with tenderness on pressure, the tenderness was more a soreness, and there was considerable bloating. At 9 P. M., took a teaspoonful of the 1st decimal dilution. All the symptoms were aggravated on lying down, and the pain shot at intervals down to the iliac regions, especially the right. Confused sleep, with anxious dreams.

Dec. 2d, 1865.—At 8:30 A. M., took a teaspoonful of the 1st deci-

mal dilution. The abdominal pain intermits a good deal to-day, it having been continuous on the previous day. The tongue was coated yellow, and the eructations tasted of rotten eggs. At 2 p. m., I ate a sour apple without considering its effects on the proving, and in a very short time the pains and all the symptoms disappeared.

Dec. 6th, 1865.—Resumed the proving, using the 1st decimal trituration of Dioscorein, of Keith's manufacture, which Dr. Coe claims is the "true concentrated equivalent of the plant." At 12:30 p. m., took two grains of the preparation; at 1 p. m., rumbling of the bowels and inclination for stool, with uneasy feeling in the stomach, with nausea and disgust for food. 3:30 p. m., bloating of the umbilical region, with soreness on pressure, with giddy, confused feeling of the head. At 4 p. m., took two grains of the 1st decimal trituration; at 5 p. m., unusually drowsy, fell asleep with a book in my hand, all through the sleep there was a confused consciousness of the conversation going on around me; on awakening felt an unusual languor, with disinclination for mental exertion.

Dec. 6th.—Passed a very restless night, and got up feeling languid and unrefreshed; the head ached over the eyes, and the mouth was bitter and clammy. At 7 a. m., a good deal of heat in the stomach, with nausea. Gradually vertigo and giddiness comes on, which lasted for an hour; the head felt hot, and about 8 o'clock warm sweat broke out over the forehead, and the vertigo was accompanied by rumbling of the bowels. At 12 m., took five grains of the 1st decimal trituration. At 1:55 p. m., sudden re-appearance of the vertigo, with heat of the head; this continued with great violence for half an hour, and then subsided, but continued more or less all the evening.

Dec. 7th.—Early this morning, while in bed, I felt a mild but persistent nausea, accompanied by sharp pains in the umbilical and right iliac regions. The pain was spasmodic and very sharp, and was neither aggravated nor ameliorated by pressure, though pressure caused a rumbling. At 9:30 a. m., very sharp, cutting pains along the whole right side of the forehead, shooting back as far as the ear; the pain is not a steady pain, but remits, and is aggravated by pressure. At 5 p. m., while walking in the street, I was attacked with vertigo so violent that I was unable to walk, and reeled as if intoxicated, and at the same time the neuralgic pain was aggravated.

Dec. 8th, 1865.—At 2:45 p. m., took 15 grains of the 1st decimal trituration. At 3:25, return of the sharp pains in the temples, aggravated by exposure to the cold air. After this date I took no more medicine, and all the symptoms gradually declined.

ERIGERON CANADENSE.

PROVING BY WM. H. BURT, M. D., OF LYONS, IOWA.

Experiment First.—Nov. 11. In perfect health. Took five drops of the tincture prepared by Dr. E. A. Lodge. At 9 p. m., it produced dryness of the pharynx; severe drawing pains in the right lumbar region, passing down to the right testicle, lasting half an hour, followed by dragging pains in the left hypochondrium.

Nov. 12.—Took 20 drops at 7 a. m. Noon, increased secretion of mucus in the nostrils all the forenoon, with a feeling of roughness of the pharynx and sensation as if something had lodged in the upper part of the œsophagus that causes a frequent inclination to swallow. Slight nausea for two hours; slight rheumatic pains in the abdominal muscles and right thumb; severe drawing pains in the left ankle, greatly aggravated by walking, lasted three hours. Took 20 drops. For three hours had hard drawing pains in the abdomen, then felt no more symptoms until 7 p. m., when I had sudden, severe pains in the hypogastrium, followed by soft, mushy stool. Throat sore all night, with frequent inclination to swallow; feeling as if something had lodged in the upper part of the œsophagus.

Nov. 13.—Throat slightly sore. Hard, lumpy stool at 7 a. m. 8 p. m., sudden pain in the hypogastrium, followed by a mushy stool; urine increased and of a pale color.

Jan. 1.—Took 30 grains of the third trituration of the oil, prepared from the 2d decimal dilution, at 11 a. m. 2 p. m., have had a constant, dull pain in the right umbilicus, twice the pains were severe and of a cutting character; eructations of air. 9 p. m., dull frontal headache. Have had frequent rumbling pains in the bowels, with dull aching distress in the lumbar region; twice had a number of sharp, stabbing pains in the region of the left kidney, passing from left to right. All the evening drawing pains in the elbow and meta-carpal bones of the right arm and hand; dull pains in the knees.

Jan. 2.—Feeling well, took 40 grains at 8 a. m. 12 m., in two hours after taking the medicine I had sudden colic-like pains in the umbilical region while walking, with dull pains in the lower dorsal region, and loud singing in the right ear; for two hours have had dull pains in the left hypogastrium and umbilicus. Took 40 grains. 1 p. m., severe sticking pains in the region of the right kidney. 9 p. m., have been excessively languid all day, with great depression of spirits. Smarting of the eyes all the afternoon and evening; frequent, dull pains in the left umbilical region; constant severe aching distress

in the whole dorsal region, more on the right side. No stool to day; urinated 28 ounces dark colored. Thermometer 28°.

Jan. 3.—Awoke with a dull pain in the forehead and right eye; slight agglutination of the eye-lids; rough feeling in the pharynx; very languid. 7 A. M., took 75 grains. In half an hour dull pains in the hypogastrium, followed by a dark colored, hard, lumpy stool. 10 P. M., dull frontal headache, with smarting of the eyes; dull pains in the umbilicus; aching distress of the whole dorsal region. At 3 P. M., feeling greatly prostrated, no ambition to move; frequent disposition to yawn; great aching distress in the dorsal and lumbar regions; arms and legs ache severely. 9 P. M., same symptoms; urinated 40 ounces. Thermometer 20°.

Jan. 4.—Natural stool, followed by severe neuralgia of the anus, with tenesmus.

Jan. 5.—Natural stool at 8 A. M. 12 M., loose stool. Loose stool on the 6th.

My friend, Prof. E. M. Hale, sent me 380 grains of the dried herb. I made an infusion of it by putting the whole quantity sent into one quart of water and boiled it down one-half.

Jan. 8.—Took one ounce of the infusion at 8 A. M. 12 M., slight distress in the umbilical region. Took two ounces. 2 P. M., frequent dull pains in the umbilical region, with a feeling in the anus as if it had been torn; this was a prominent symptom, and lasted all day. Roughness of the pharynx. 10 P. M., have had frequent distress in the umbilicus, with hard, aching distress in the whole dorsal region. Took two ounces; urinated 49 ounces, pale color.

Time.	Barometer.	Thermometer.	Weather.
7½ o'clock,	30.12	F. 9. R. 11	Clear.
12 "	30.20	15 8	"
3 "	30.22	17 7	"
6 "	30.22	18 7	"

Jan. 9.—Awoke at 4 A. M., with great desire to urinate; voided 18 ounces; dull pain in the lumbar and sacral regions. 8 A. M., took three ounces. 2 P. M., sharp, cutting pains in the epigastric region every few minutes, followed by dull pains. 6 P. M., mushy stool; dull distress in the whole dorsal region. 9 P. M., pains in the hips when walking; urinated 63 ounces, pale color, turns blue litmus paper red, but cannot detect albumen in it with heat or nitric acid.

Time.	Barometer.	Thermometer.	Weather.
7½ o'clock,	30.20	F. 13 R. 8	Clear.
12 "	30.16	30 1	Cloudy.
3 "	30.14	33 1	"
6 "	30.15	32 1	"

Rained all the afternoon.

Jan. 10.—Had a restless night, but no pain ; feeling languid, with aching distress in all the large joints ; no stool to-day ; so situated I could not measure the urine to-day, but it was much less to-day than yesterday. Rainy day.

Jan. 11.—Aching of all the joints, with great despondency ; natural stool. Rainy to-day.

Jan. 12.—Awoke with a dull headache, with aching distress in all the large joints ; bad taste in the mouth. Languid, rainy day. Some symptoms every morning for three days.

ERYNGIUM AQUATICUM.

PROVING BY DR. C. H. COGSWELL,

(*Student of Hahnemann College and Member of the N. W. Provers' Association.*)

The prover is of a moto-bilious temperament, mild disposition, general good health, habits regular, student of medicine, attending from five to six lectures daily, rest of the time engaged in study ; live on food not highly seasoned, three meals daily ; sleep very well, usually eight hours in twenty-four ; take but little exercise, except in going to and from lectures and meals.

Chicago, Ill., Nov. 22, 1865.—Beautiful weather, warm and dry atmosphere ; no prevailing epidemic or endemic diseases. Commenced proving the drug *Eryngium aquaticum* by taking ten drops of the tincture half an hour previous to each meal, also before retiring for the night. Began taking it in the morning of the 23d. About 11 o'clock, frequent desire to urinate ; stinging, burning pains in the urethra behind the glans penis during urination ; the urine of a lightish red color, rather deficient in amount. At 2 o'clock p. m., severe pain in the left groin and testicle, worse during exercise, also a slight, dull pain in the lumbar region ; previous to retiring, urine rather darker, with the symptoms in the urethra more marked ; slept well during the night.

Nov. 24.—On rising in the morning, a thick, yellowish, tenacious mucus in the mouth ; appetite partially wanting, though restored upon the sight of food ; pain in the left groin and testicle still continuing. Took the drug the same as the day previous.

Nov. 25.—Took the last of the medicine before retiring ; rather wakeful during the night.

Nov. 26.—Feeling of weakness, and heavy, dragging pain in the lumbar region. In the afternoon took a long walk, returned feeling

very tired, especially in the lumbar region; heavy, disagreeable sensation in the groin, perhaps due to the walk. Took no medicine the following day.

Nov. 27.—Obtained more of the drug and took fifteen drops half an hour after breakfast. About 11 o'clock, while sitting in the lecture room, felt a heavy, dull pain in the mastoid portion of the temporal bone, and passing through to the opposite side; also pain in the posterior portion of the neck, of a rheumatic character; cervical muscles slightly stiff, and sore on motion; head moved with difficulty. Took fifteen drops before dinner. Pain in the head still remaining; thoughts rather confused, could not concentrate them upon any subject without much exertion. 6 P. M., took fifteen drops. Between nine and ten o'clock slight nausea, with drawing, cramping pains in the stomach, also a heavy compressing pain between the shoulders; slight perspiration of a disagreeable odor, resembling that of urine.

Nov. 28.—Had severe colic-like or cramping pain in the small intestines; early in the morning a sensation of weight or heaviness in the stomach; tongue and fauces very dry, with insipid taste in the mouth; dull, dragging pain in occiput, neck and shoulders; expanding sensation in frontal region above the eyes, increased by stooping; bruising, tearing pain about the ears, as if they were being torn from their location; pain in the occiput disappeared about 11 o'clock A. M., but became more severe, extending downward, forward into the eyes, causing a partial dimness of vision or blur before the eyes; exercise, or the least excitement, increases the pain; scalp sore to the touch; combing the hair causes pain; restless, uneasy, frequently changing position; flashes of heat passing through the system; slight erethism of the nervous system; a hot, burning pain in the stomach and œsophagus on taking the medicine; bowels constipated, dark brown color, rather dry, and very hard; tenesmus at stool; fæces seem to cut as they pass through the anus; sensation of urine remaining in the urethra, of a burning, smarting character, but of normal temperature and not of a corrosive nature. Amount of urine passed in twenty-four hours was twenty-six ounces, slightly acid in reaction; specific gravity 1016, containing 382.11 grains solid matter; urine of a lightish red or amber color when boiled; a white flocculent sediment found in the bottom of the vessel after standing a few hours.

Nov. 29.—Pain in the head less severe, but worse in the neck and between the shoulders; erratic pains all over the body in the muscular tissue during the day; loss of energy; very nervous in the evening, unable to remain in one position; very sober and depressed

in spirits; nausea, followed by acid eructations about noon. Partial anorexia; no desire for particular kinds of food. Stopped taking the drug in the morning.

Nov. 30.—Frontal headache on rising; awoke earlier than usual; thick, tenacious, disagreeable mucus in the mouth; erratic pains in the trunk and upper extremities; heavy, dragging pain in the stomach; smarting, burning sensation in the fauces.

Commenced taking the drug Dec. 11, for the second time. Took one hundred and fifty drops per day. Previous to taking the drug, free from all pain. Acid eructations following each meal, and continuing some little time, but after taking it the second time this symptom ceased and remained absent during the proving.

Dec. 13.—Bowels constipated, without an evacuation for two or three days; felt no uneasiness on this account, and it was more an act of the will than necessity to evacuate the bowels then. Decrease in quantity of urine; transient rheumatic pains in the left shoulder and arm, also right wrist and hand; dull, aching pain in frontal region, especially over the left eye, on the 14th.

Dec. 15.—After the second dose, severe pain in frontal region sufficient to cause dimness of sight; not able to think steadily on any one subject; severe pain over left eye of a tearing or boring nature.

Dec. 16.—The mucous membrane of the larynx seemed thickened so that it provoked a short, hacking cough and a small expectoration of mucus of thick stringy consistency and light yellow color. It mostly came from the larynx. A slight dyspnoea, as if clothing was too tight; choking in the throat upon slight pressure.

Dec. 17.—Increased the dose from forty drops to half an ounce. No particular change in the symptoms, except a continual dull, heavy pain in the frontal portion of the brain. Eyes irritated by strong light, producing a smarting, burning sensation, with a heavy, aching pain, a dull expression of the eyes, and great inclination to sleep much of the time. Concentration of mind caused a heavy, full pain if persisted in. Very nervous and uneasy, moving about continually. Took three doses of half an ounce each during the day. Very dull at night, and not so restless; slept well during the night; awoke in the morning with colic like pains in the bowels; smarting, raw pain in left side of the throat, with dry tongue, and thick yellow mucus was ejected from the mouth, which increased the smarting in the throat; a hollowness or emptiness in the stomach, accompanied by a heavy, dragging pain; reading or writing caused a hard, heavy pain in the forehead, which was increased by stooping.

Dec. 18.—Frequent desire to urinate which passes off drop by drop for a few minutes, with a slight tingling near the meatus urinaris. Slept well during the night, but arose in the morning with dull, heavy pain in the head.

Dec. 19.—Pain in the head increased by lowering it or thinking intently upon any subject; pain mostly located in the frontal region, and more particularly over the left eye, of a sharp, shooting character, and when sitting in a stooping posture it would leave the eye and pass into the neck and along the muscles to the shoulder, and beneath the scapula, where it would remain for some time. Muscles of the eyes felt stiff, and caused pain on turning them quickly; eyes sensitive to a strong light, and slightly congested at times, especially when looking at a strong light or walking in a bright sunlight; pulse about ninety; muscles of the neck were sore, on turning the head quickly; pressure caused a hard, heavy pain.

Dec. 20.—Cramping, colic-like pains in the abdomen; heavy, dragging pain in the stomach during the night; constipation still continues; pains in the head and neck less severe, but not entirely gone; great inclination to sleep much of the time, especially in the afternoon.

Dec. 21.—Very cold but clear in the morning; pain in the head and neck increased in intensity, severe when stooping or when turning the head quickly; burning pain in the eyes, they feel heavy and are slightly congested, squinting on exposure to a strong light; sharp, piercing pain in the bowels, feel bloated, but not visible on inspection, feel heavy while walking and are sore on pressure.

Practice of Medicine.

For the American Homœopathic Observer.

VARIOLA.

BY P. X. SPRANGER, M. D.

Having been requested to report on this subject at the last meeting of the Michigan Homœopathic Institute, I shall make a summary review of this most repugnant disease. I have had many cases of it under my care within the last two years.

Small-pox may be thus defined: A fever commencing with nausea, headache, pain in the back, and general lassitude; followed, on the third or fourth day, by an eruption on the skin of pimples, more

or less extensively diffused, which, in the course of a week, inflame and suppurate, accompanied in many instances by similar affections of the mucous membrane of the nose and mouth; in some by swelling and inflammation of the subjacent cellular membrane, and occasionally by affection of the nervous system. The several kinds of small pox which have been described by authors, have reference, first, to the nature of the accompanying fever; second, to the quantity and aspect of the eruption; third, to the concomitant and superadded symptoms. The following are the principal varieties of small-pox mentioned by the best authors:

The *distinct*, when the pustules admit of being counted, being placed at such a distance from each other as not to coalesce, even when fully matured. It is called *confluent* when the pimples are so closely set as to run into each other on the third or fourth day of inflammation. The terms *clustered*, coherent, or corymbose small-pox is applied to that form of the disease where the pimples are confluent in patches, the patches being, however, separated by intervals of unaffected skin. Small-pox is said to be semi-confluent, when the papulæ are so far separated from each other that they do not coalesce generally until the full period of pustulation. The *anomalous*, under which head are included complication with affection of the brain, with affection of the chest, with diarrhœa or dysentery. *Malignant*.—The distinctive character of this truly formidable variety has been acknowledged in all ages. To the usual phenomena of the disease are superadded those which indicate a dissolved or putrescent state of the blood. This implication of the fluids of the body gives to the small-pox a character well designated by the word malignant. The term petechial is equally appropriate.

Small-pox attacks both children and adults. It is a highly contagious malady, spreading very rapidly among those unprotected by vaccination, and among masses of men, hence its presence on board of ships or in camps is especially to be feared.

The chief symptoms of the stage of invasion are chills, fever and pain in the back, although none of these are pathognomonic. The fever runs very high and exacerbates toward evening. The pain in the back is very severe, and especially so in grave cases; there are also nausea, vomiting, headache, and great restlessness. All the symptoms subside at the end of the third or fourth day, when an eruption shows itself on the lips and forehead, extending to the trunk, and from thence to the extremities.

At first the eruption has the appearance of papulæ, but on the

second and third day the coarse spots undergo a decided change. At the top of each pimple appears a vesicle, which gradually becomes larger and fills up with a milky fluid, in short, becomes a pustule. By the fifth or sixth day this change has been fully accomplished, and the pustules are spheroidal and lose the umbilicated look which they had while forming. On the eighth day matter begins to ooze from their edges, and a secondary fever sets in, lasting for three or four days, until, indeed, all the pustules are broken. Now crusts form where there had previously been pustules, and as the crusts dry and fall off the skin beneath is seen to be of a red color, fading gradually, and here and there are noticed those scars and pits which the patient carries during the remainder of life.

While the process of maturation is going on, the features are observed to be greatly swollen; the eyes may be hidden from view, the nose and lips are tumid. The patient complains of tension of the skin, and not unfrequently of sore throat and of a steady flow of saliva from the throat. The secondary fever is very violent. In fatal cases death will generally take place, in malignant small-pox, about the third day, or in the confluent, at the time of suppurative fever.

The diagnosis is generally very easy after the eruption has made its appearance, but before then, it is always doubtful, unless we are well aware of the infection. In the malignant small-pox, the diagnosis is difficult and sometimes impossible even after the eruption has made its appearance. I will relate one case I saw a year ago, as an example,

Case.—A middle aged woman was taken very ill one night, with vomiting, very high fever, puffed countenance, sore throat, and great anxiety and restlessness. Next morning there appeared an eruption all over the body closely resembling scarlatina. Her daughter, eight years of age, was taken sick in a similar but not so severe a way. In a few days an eruption made its appearance on her, not scarlatina, but confluent small-pox. The mother felt no relief after the eruption came out, but continued growing worse from hour to hour. The eruption began to assume a purple color, and the patient died on the third day. The daughter went through her course of small-pox very regularly and recovered. Had it not been for the second case occurring at the same time, a correct diagnosis would have been impossible. Here both cases were infected with the same poison. In the one, where the blood was in a normal condition, the vitality reacting with the proper force, the disease ran its natural course; while in the other,

instead of the proper action to bring out and develop the disease, the vitality of the patient failed, the blood became decomposed, its fibrine broken down, and the disease assumed the character of *purpura hæmorrhagica*.

This event may occur, no matter what the invading eruptive disease may be, or sometimes without such. I have seen cases during an epidemic of measles, run the same course; scarlatina likewise, and most frequently we do not know of what character the invading disease may be. We may perhaps then call it spotted fever or *purpura hæmorrhagica*, but the pathological state of the system remains the same. We have a case of blood poisoning.

Now to speak of *Varioloid*, or *modified small-pox*. I do not believe that in its nature it is a different disease from the small-pox, only being milder, because it cannot take sufficient hold of the system on account of previous vaccination. I have known persons unprotected by vaccination to take confluent small-pox from persons having only a mild attack of varioloid, and *vice versa*.

TREATMENT.

We can place very little reliance on reports of the success of various kinds of treatment of variola, since they seldom state if the patient had ever been successfully vaccinated. No matter how severe the symptoms may apparently set in, even threaten to become confluent on the first or second day of the eruption, if the patient has ever been successfully vaccinated, and seems to recover exceedingly well, we cannot ascribe the result to any special treatment. It is therefore necessary, if we wish to experiment, or make any deduction as to the comparative results of different treatment, that we be perfectly assured that the patient has never been vaccinated, and the symptoms indicate that he will have a fair share of the eruption, sufficient to distinguish the case as genuine small-pox; since, also, non-vaccinated persons may take varioloid, and not leave a pit on their faces. I have seen such cases.

The principal points to be aimed at in the treatment of small-pox are: First, to moderate the severity of the symptoms as much as possible; and second, to prevent the face from becoming marked. How far this can possibly be accomplished, I shall relate as far as my experience extends.

Sarracenia purpurea.—I first made use of this remedy in a case that had been vaccinated in childhood. Patient was about 80 years of age. Preliminary fever ran very high. Gave five drops of the

mother tincture every two hours, in a teaspoonful of water. On the third day a very scant varioloid eruption made its appearance, having no more than a dozen pimples on the face, after which the patient was greatly relieved, and in a few days more he was convalescent.

A short time afterwards I gave the medicine in the same sized dose to a boy four years old who had never been vaccinated, when the eruption was just breaking out, which covered the whole body thickly. This patient took the medicine regularly; had confluent small-pox, but recovered well, though he is pitted very much. The disease was not modified in the slightest by this remedy. The inference to be drawn from this is, that either the doses were too small or too large, or the drug was not appropriate.

Tartar emetic ointment, mixed with one-half croton oil, to be rubbed on the breast, has been recommended for small-pox, to moderate the disease, and even prevent pitting. I tried it in the case of a boy eleven years of age, who had never been vaccinated. Rubbed it on the breast of the patient at the first appearance of the eruption and continued to do so every day, at the same time administered *Tartarus emeticus*, $\frac{1}{4}$ a grain to a glass of water, a teaspoonful of this to be given once in an hour. The ointment did not vesicate but merely dried up the small-pox pustules wherever it came in contact with them. Had a severe attack of confluent small-pox, and the face remained deeply pitted.

I have also tried *Apis*, *Mercurius*, *Belladonna*, *Hyoscyamus*, *Rhus toxicodendron*, and *Cimicifuga*, accordingly as the concomitant symptoms would demand. But the patient seemed to get along the best with *Cimicifuga*. It does not materially alter the course of the disease, but seems to moderate the severity of the symptoms. Dose, five drops of the prime tincture to a glass of water, a teaspoonful given every one or two hours.

Vaccinin and *Variolin*.—Dr. Guenther speaks very favorable of these. He says that by the use of either of these substances, small-pox is no more to be dreaded, as they will cut the disease right short in whatever stage they are administered. I have given both of these in a great many cases without noticing any result whatever. But can we rely on the triturations or any other preparation of these substances? We know that the vaccine virus will retain its virtue only a very short time when exposed to the air. How old are these first triturations of either *vaccinin* or *variolin*? Perhaps twenty years? Who knows? and who could expect any virtue to reside in them since the crude substance itself will only retain its power a very short

time. Therefore to test the reality of the assertions made in favor or against these substances, we should use the fresh trituration, prepared prepared for immediate use, until this has been done, we cannot speak for or against them. Lately I have read an article of Dr. Schneider, of Magdeburgh, who has given *Vaccine*, 3d dilution, to a hundred persons as prophylactic against small-pox. On 36 of these it produced a pustular eruption more or less extended over the body.

I have never tried the external application of *Iodine*.

I have frequently painted the face and hands of small-pox patients with *Collodion* to prevent pitting, but with very little success.

For the American Homœopathic Observer.

A NEW 'PROPHYLACTIC METHOD FOR VARIOLA.

BY NORMAN JOHNSON, M. D., BAY CITY, MICH.

I would most respectfully call the attention of the profession to a "New Prophylactic Method for Small Pox," giving the results of experiments made by myself, and for parallel investigations referring to No. 95 of the British Journal of Homœopathy.

(I must here apologize for the meagerness of the details which follow, as the record of these experiments, made at the time they were instituted, were destroyed by fire on the 8th of October, 1865.)

During February and March of 1864, I was called upon to vaccinate upwards of two hundred adults and children. Several of the latter were of such delicate and susceptible constitutions that I feared troublesome complaints would result from the introduction into their systems of the morbid matter that would necessarily be introduced by the use of the vaccine virus in the ordinary manner. I had, and have been unable to produce any satisfactory results by vaccinating with cow pox lymph, but finding that I must use the latter in some mode to obviate the difficulties that I knew would occur in the use of the vaccine, I prepared a one-tenth trituration of the cow-pox virus, and administered it in doses of one grain to each of five children. Owing to continued and unremitting demands upon my time and attention, I was unable to watch the progress of these cases, but learned subsequently from the parents that each child was affected with a definitely marked fever, and also in each a development of pocks in the mouth and upon the lips. This encouraged and decided me to further investigate this method of vaccination.

I was not allowed an opportunity to so do till in February of 1865. During this month I was called to visit some twenty-eight cases of confluent variola and five of varioloid. (I may here state that I treated the majority of these cases with *Sarracenia purpurea*, a limited number with *vaccine* and *cow-pox virus*, and some four cases with *Lachesis*.) Results, two fatal cases, one from exposure as the vesicles were being developed, the other was a patient that came under my care after he had been treated some ten days by an allopath. I considered it a hopeless case when I accepted it. The others recovered speedily and effectually, *without pock-marks*. I have recently seen some of the patients who were most seriously affected, and could find no trace remaining of this most loathsome disease.

While the epidemic prevailed the people were so overcome by their fears that I was compelled to vaccinate all applicants in the speediest and most striking manner. Such being the state of the public mind, I determined to test the action of the cow-pox virus upon myself. I was vaccinated when but six months of age, never re-vaccinated, frequently exposed to variola and varioloid, but never in any way affected thereby. On or about the 20th of February, I took the contents of one tube of cow-pox lymph. Within sixty hours I was nearly prostrate by the fever this induced. Tonsils and salivary glands became tumefied and very tender, vesicles gradually but certainly developed in mouth and throat, in fact, through the whole intestinal tract; about one-half dozen appeared upon my face, but none others externally. Diarrhoea supervened, discharges being watery, frothy, of a greenish color, and exceedingly foetid. I was unable to eat or rest, being in constant torment.

On the seventh or eighth day I took lymph from the vesicles upon my face and vaccinated two children and an adult woman, in families that I could see frequently. It worked successfully in each case, and from the arm of one I took a scab which I used upon several others with like results. From one of these latter a scab was taken and sent by me to an Indian settlement on the shore of Saginaw Bay by which a number of Indians, young and old, were vaccinated in a satisfactory manner.

By midnight of the eighth or ninth day my sufferings were intense, agonizing. My condition excited serious alarm in my family, though they had no knowledge of the cause, but supposed that I was affected with varioloid, and so declared, notwithstanding my frequent denials that such was the case. The symptoms at this time were, intense, rending headache, soreness of the mouth and bowels, as

before described ; mucous membrane apparently covered with vesicles. It seemed as though it were possible to trace and locate every convolution of the bowels by the lines of intense burning pains that passed through my body. Urine scanty, bloody and foetid. Frequent watery stools, of a bloody, greenish hue, exceedingly foul odor, and passed with great tenesmus. Mind gloomy, desponding and oppressed by a sense of impending dissolution. This symptom determined me to end the proving by antidoting the virus with Lachesis. I felt confident that I would find relief in this manner, for this symptom had been equally prominently developed in my proving of this drug. Hence I took about two grains of the sixth decimal trituration of Lachesis. Felt relief follow in the course of one hour, and fell asleep, rested quietly some four hours, (which I had not done for several days,) and awoke relieved of the diarrhoea. Glands less swollen, fever controlled, and condition in every way improved. With a repetition of the dose of Lachesis about once every twelve hours, I rapidly recovered.

Since then I have not attempted to further prosecute the experiment ; I intended to this spring, but there was but little excitement in the community upon the question of small-pox, and the young were suffering under so many other disorders, that I advised those that did apply to have their children vaccinated, to postpone that operation. Hence I have, this season, administered the virus to but one patient. (This was done because she was about to go on a journey to the Eastern States.) It operated well.

These investigations have been carried on independently, and without the knowledge of other parties, also without knowledge on my part that others were pursuing the same course and with like results ; for the authorities that I had been able to consult had decided, either that the morbid products, such as produced in hydrophobia, variola, by vaccination, and even by snake (venomous) bites, when taken into the mouth and stomach were rendered nearly or quite inert by the action of the saliva and gastric juice, or else that their action upon the system was very feeble, not of that positive and dangerous character developed when introduced from a wound. My experience with the snake poisons, Lachesis and Crotalus horridus, (provings of which I made, and from knowledge thus gained, I have made frequent and satisfactory use of said articles in my practice,) led me to doubt the correctness of these opinions. From doubts I proceeded to action with results as hereinbefore detailed.

For the American Homoeopathic Observer.

DIPHTHERIA.

BY THOMAS NICHOL M. D., OF BELLVILLE, O. W.,

During the first quarter of this quarter of this year I have attended twenty-two cases of this much dreaded disease, and as it is exciting some attention among the readers of the *Observer*. I will give an account of the malady as it appeared in this region, and also of its treatment. As I did not keep detailed notes of each individual case, I can only furnish a general account of the whole series of cases, and the absence of detailed notes is the less to be regretted as the cases had a strong resemblance to each other.

During the summer of 1865, I had a number of cases, the last of which was dismissed towards the end of October, and early in January, 1866, the disease broke out afresh. The attack was very generally ushered in by severe chills, followed by high fever; sometimes a simple chill; at times a series of slighter chills mingled with heat. Frequently the parents would suppose that the child was having a "common cold," and only when the malignant character of the disease became but too evident, did they think of sending for medical aid. I found that when patients were seen during the chilly stage, the tonsils and fauces were dark bluish red, but the redness was very different from the cranberry color of the scarlatinal sore throat. During the febrile stage, the throat was thickly coated with a tough albuminous pseudo-membrane, of an ashy gray color, but sometimes of a pure white, almost like plaster. In former epidemics I noted that the membrane was deposited in little islands; which gradually coalesced till the whole was covered, but I now found that the exudation commenced simultaneously on the mucous membrane of the fauces and tonsils. In thirteen cases the disease invaded the nasal passages, where it appeared as a pearly white membrane, from which a fetid sanies exuded, which corroded the skin of the upper lip. Seven cases had epistaxis, more or less copious; the blood presented the aspect of prune-juice, was deprived of much of its albu-

men, and was consequently almost destitute of coagulating power. In four cases the disease crept along the lachrymal duct and invaded the eyes, which became red and inflamed, after which a delicate membrane was deposited. In six cases the disease invaded the internal ear through the eustachian tube, and the suffering was then very severe. The most dreaded complication, however, was the laryngeal, forming what may be denominated diphtheritic croup; of these I had seven cases. Sometimes this form of the disease commenced with a slight muffled cough, which gradually got worse till the respiration had the steady accompaniment of the much-dreaded hoarse roar, which irresistibly reminds one of a wrathful winter sea—terrible emblem of the silent voyage which those who are the light of our eyes are often called to make.

In view of the frightful mortality which attends all treatment of this disease, save only that of Hahnemann, we may, in the glowing language of the psalmist, "call upon our souls and all that is within us, to bless His holy name" for the gift of the similia. Longfellow, in one of his most beautiful poems, speaks of "the grief which must have way," there also is a joy which must have way; for my little son, whom I hope to live to see a warrior in the hosts of the similia, and my little daughter, not less loved, were both among the worst of croupous patients, and both were saved by the Lord's own law of cure.

To return, in other cases the patient would apparently be doing well till suddenly the hoarse cough came on, and then in a single hour the case grew almost hopeless. It must be carefully noted that diphtheritic membrane within the larynx and trachea presents entirely different symptoms from loose membrane lying on the epiglottis. When I first came in contact with diphtheria, I was at times puzzled to distinguish between these two cases, and they can only be distinguished by a careful use of the stethoscope. In the first case you can readily distinguish the churning sound of the membrane in the larynx; in the other case you find that the larynx is clear, and that the membrane lies on the epiglottis, from which it can be removed by probang, or better still, by the finger suitably curved. Philip

Ricord says that cases of syphilis in the female, in which the speculum uteri has not been used, shall be to him as if they had never been recorded, and similar language may be used when speaking of diphtheretic croup and the stethoscope. Of course, I assume that the skillful physician will use Cammann's stethoscope, which shuts out all sounds except those which it conveys to the ears, instead of the old ineffective instrument, which Abernathy stigmatized as "a piece of wood with a patient at one end and a fool at the other." The pseudo-membrane was tough and elastic, not closely adherent to the mucous membrane, which, when the pseudo-membrane was removed, was found to be swollen and inflamed. I have no doubt but that the pseudo-membrane exudes from the capillaries of the mucous membrane; and this pseudo-membrane is reproduced with remarkable rapidity. Remove it from the nostrils and in a few hours another, equally thick, is deposited. I have come to the conclusion that it does no good to remove it by force, though it is a favorable sign when it disappears under the action of our remedies. The smell from the mouth and nostrils resembled that of half-putrid flesh, while the tongue was thickly coated with cream-colored mucus, studded with red papillæ. During the early part of the disease the face was red and flushed, but as it advanced the face was pale and chilly, especially at the tip of the nose. Quite a characteristic appearance is the *bluish* color of the face, especially of the forehead, produced apparently by the altered character of the blood. So marked was this symptom that I could perfectly diagnose the disease from it alone. Little children were apt to swallow the membrane when it was detached by coughing or otherwise, and this frequently caused nausea and sickness at the stomach, sometimes followed by vomiting. In cases where the membrane was not rejected by the stomach, it almost invariably disordered the bowels, causing a kind of diarrhœa, and on inspecting the passage, the membrane could easily be detected. The appetite failed at the first onset of the disease, and afterwards the patient ate but little, partly from difficulty of deglutition and partly from weakness and weariness. The urine was distinctly albuminous from the commencement of the disease, and I found

the quantity of albumin to be in direct ratio to the severity of the disease. It is well known that albuminuria accompanies scarlatina, but there is this great difference, that the albuminuria comes on *late* in scarlatina, while it comes on *early* in diphtheria. As the patient recovered, the membrane became thinner, and the remnants of it were frequently detached in a considerable mass. As a general rule, but by no means without exception, the severity of the disease was in proportion to the quantity of membrane. I have frequently noticed that diphtheria affects most severely people residing near large bodies of water. Thus, in my former location, Simcoe, in the county of Norfolk, C. W., the disease was most malignant on the shore of Lake Erie, and now I find it hovers round the Bay of Quinte and the River Maira.

I have found that it often happens that a large number of cases of diphtheria can be cured with one or two remedies, which are quite unsuited to a group of cases which come along a few months after, so that if the physician studies the first few cases carefully he finds the key to the treatment of a number more. In the series of cases I have just described, the remedies used were *Aconitum napellus*, *Mercurius iodatus rubra* and *Sanguinarin*. The Aconite was prepared by triturating 20 drops of Lodge's tincture with 100 grains of sugar of milk for one hour. A day or two afterwards add 20 drops to each 100 grains, triturate again for another hour, and the result is a remedial agent which would rejoice the heart of Hempel. The *Mercurius iod. rub.* was the 2d decimal trituration. It may not be generally known that though there is no mathematical difference between the 1st centesimal and the 2d decimal trituration, both containing the 100th part of the original drug, that there is a great difference in the color, and also in the efficiency of the preparations, for the 1st centesimal trituration is a faint red color, while the 2d decimal trituration is much rosier in hue and much more active in its effects. I administered these remedies as follows: Dissolve two grains of the Aconite in eight tablespoonfuls of water, give a teaspoonful at once, and follow it in half an hour with half a grain of the *Mercurius iodatus*, and so on in alternation. As the disease

gave way I lengthened the interval to one hour, and afterwards to two or two and a half hours. The treatment of laryngeal cases was different, and the remedy was Sanguinarin, to which I was guided by the symptoms of *Sanguinaria canadensis* in Jahr's *Symptomen-Codex*, Vol. I, page 732. I dissolved half a grain of pure Sanguinarin in a tablespoonful of good vinegar, added a tablespoonful of water, sweetened it with white sugar, and gave a teaspoonful of this every half hour, with an occasional dose of the inevitable Aconite. I do not say that this treatment is adapted to all the various forms of diphtheria, but it certainly succeeded well with me for all my twenty-two cases were cured, though some of the laryngeal ones were almost hopeless when first seen.

I would like exceedingly to give my ideas on the subject of the varieties of diphtheritic membrane, and the various remedies adapted to them, but will reserve this as the subject for another paper.

Spaking of the diet of diphtheritic patients, Prof. Helmuth says: "Diphtheria we believe to be essentially an albuminous condition of the blood, and therefore it is better to select those articles of diet which are known to contain the least of that substance." (Helmuth on Diphtheria, 1st edition, p. 95.) On this point I cannot agree with my old and valued teacher of anatomy, for I have always found a *deficiency of albumen in the blood* and a *superabundance* in the urine, and hence my views of the nature of diphtheria are diametrically opposed to those of Prof. Helmuth, and of course I gave albuminous food to a large extent.

I am aware that many allopathic physicians of this part of Canada, as well as those of other parts, deny the existence of diphtheria, and speak of it as being a mere invention of the homœopathic enemy. To this I reply that after the thorough study of all that has been written on the subject by Bretonneau, Guersant, Trousseau, Bouchut, Empis, Daviot, Slade, Greenhow, Helmuth and Ludlam, and after having seen upwards of *six hundred cases* of the disease, I feel myself perfectly competent to know it when I see it. My own opinion is that many allopathic physicians *do not* know it when *they* see it. Permit

me to cite a case in point. In August, 1865, I was called in great haste to see a little boy, aged about five, who had been attended by two eminent allopathic physicians for nine days for a disease which they diagnosed to be pneumonia. I found that their treatment consisted of a large blister which went almost around the chest, of nauseating doses of Tartar emetic, and of Opium to such an extent *that he remained soporous for seventy-two hours after he came under my care.* The child had apparently but a few hours to live. The bluish color of the forehead and the diphtheritic membrane protruding from the nostrils would almost justify a pathologist in asserting the disease to be diphtheria; but to make assurance doubly sure I auscultated and percussed with the greatest care, and decided that though there was undoubtedly obstruction to the respiration, that no pneumonia was present. I then examined the throat and found it lined with diphtheritic membrane to such an extent that the slight motion of the spoon in examining caused him to vomit a whole saucer full. I commenced the treatment, and after fifteen days' attendance I had the pleasure of dismissing my little patient cured. I could relate a score of such incidents illustrative of the fact that allopathic physicians have not a monopoly of pathology, and homœopathists know a little of that same science, but the above will suffice.

BAPTISIA IN FEVER.

Presented to the Michigan Institute of Homœopathy, by E. M. Hale, M. D., of Chicago, June 19, 1866.

The value of Baptisia in fever is not yet fully appreciated. It has already a large popularity with the homœopathists, but not to the extent which its powers demand. It is not a general specific in any type of fever, but like all other remedies, has its own peculiar sphere of action, which lies in a certain pathological condition, represented by certain symptoms.

In the second edition of "New Remedies" these conditions and symptoms are quite fully given, but since that article was written I have had several cases of fever, and in all of them its

curative virtues were exhibited so promptly that a mention of the cases may not be out of place.

There was no epidemic fever in this city in the spring of 1866, until about the first of June, when it appeared in the form of a bilious -remittent, with a tendency to a typhoid condition. The *seven* cases which came under my care in the first two weeks of June were all of nearly the same character. They were ushered in with a chill, followed by fever, with severe aching in the muscular portions of the body. Pulse ranged from 100 in a. m., to 125, and hard, in the evening. The pain in the head was not acute, but a dull, bruised ache. The whole body felt as if bruised and lame. Tongue dry, brown, or with a red dry middle. Faintness on rising, giddiness and severe nausea; a good deal of thirst; bitter nauseous taste in the mouth; sinking sensation in the stomach; diarrhoea, with some pain and soreness in the bowels; the evacuations light yellow or brown, thin and watery. The odor of the breath was not very disagreeable, nor were the fæces very foetid. The urine was usually very high-colored and scanty.

The first case that came under treatment was given *Baptisia* and *Bryonia* in alternation, and terminated with a profuse sweat on the fifth day.

In the other cases the *Baptisia* was given alone. A few drops of the first decimal dilution, in half a glass of water, a dessert spoonful to be given every two hours. All these cases terminated on the fourth day of the fever, except one, and that on the third. In less than twenty-four hours after commencing the *Baptisia* the dryness of the mouth and tongue, the sensation of soreness in the muscles, and the heat of the skin, was notably relieved.

On making inquiries relative to the intensity and duration of the fever under allopathic treatment, I have ascertained that some cases were quite severe, and lasted fourteen, and even twenty-one days. In two cases, under homœopathic treatment, with *Aconite* and *Bryonia*, the fever continued twelve days.

From the above observations and experience we have every reason to conclude that the action of *Baptisia* is eminently beneficial in some forms of continued fever; that it is superior

to most other medicines ; and that it really has the power of arresting a continued fever, preventing, perhaps, the access of a typhoid condition.

My success has been so uniform with the low dilutions that I have not tried the higher.

DIOSCOREA VILLOSA.

BY E. M. HALE, M. D.

Dr. J. C. Peterson writes as follows concerning the beneficial effects of the *Dioscorea villosa* in dysentery : “ During the past summer and fall we have had considerable dysentery. Many cases were seized at the onset with violent, cutting, lacerating pains in the bowels, that elicited shrieks from the patient. In all such cases I gave *Dioscorea villosa* 3d, with the happiest results, never having to resort to the fourth dose. The case would be completed with *Baptisia tinctoria*, *Cuprum aceticum*, *Leptandrin*, *Arsenicum* or *Hydrastis canadensis*, either singly or two in alternation.”

Dr. C. A. Williams reports the following case : “ Mr. —, aged 50, subject to severe attacks of *cholera morbus*, with vomiting, diarrhoea, painful cramps in the stomach, bowels and extremities, from which, under allopathic treatment, with opiates, etc., he would not recover for several days. I was called in at night to see him, after an attack had lasted about an hour. He was suffering intensely from the usual symptoms, and he supposed he was to have an illness of several days duration. Wishing to test the alleged virtues of *Dioscorea*, I gave him about two grains of the $\frac{1}{10}$ trituration every fifteen minutes. After the third dose he became easier, and before the sixth dose he expressed himself as quite comfortable. He shortly fell asleep, and in the morning was as well as usual.”

Dr. Smith Rogers, of Michigan, has used this remedy for many years. He communicates several noteworthy cases of enteralgia which were promptly relieved by it. His first experience with the *Dioscorea* was in a case of so-called “ bilious colic ” which had been treated allopathically for five days, and the patient given up by his physician. The specific symptoms are not remembered, except that that the man suffered the most intense agonizing pain, day and night, worse in paroxysms. *One dose of five drops* of the tincture relieved the pain in a few hours, and in a day or two the patient was well. But *one* dose was given in this case !

Two other cases of colic were cured by the *Dioscorea* in his practice. In one the patient was a lady who was subject to attacks of colic once or twice a year, the pain was very severe, and lasted several days. On one occasion the patient sent for Dr. Rogers in the night, but being unable to visit her he sent the tincture of *Dioscorea*, to be taken five drops every hour until the pain ceased. One or two

doses cured her. Afterwards this patient was always able to arrest the colic with one or two doses of the medicine. The other case was a lady friend of the last patient, who suffered from similar attacks. She was relieved by the same remedy, administered in the same manner. It is to be regretted that Dr. Rogers omitted to record the particular symptoms of these cases.

The following two cases also occurred in my own practice:

Mrs. D., aged 30, has phthisis pulmonalis, with its accompaniments of hectic fever, night sweats, etc., but complains more of a *dull, heavy pain in the pit of the stomach, worse after eating, and which is relieved by copious eructations of air*, bowels normal. Carbo vegetabilis, Nux vomica, Pulsatilla and Bismuth were prescribed, but without any benefit. The pain had been present for three weeks. After taking Dioscorea, $\frac{1}{4}$ dilution, (five drops one hour before each meal,) for two days, the epigastric pain, eructations, etc., permanently disappeared.

Mrs. C., aged 25, was worn out with the care of a sick child, and has had for two weeks a *constant, heavy, dull wearing pain in the cardiac portion of the stomach, which extends into the left side and dorsal region*. The distress is not aggravated by eating, and is not accompanied by eructations of air. She feels the pain when she goes to sleep, and when she wakes in the night and morning; bowels normal. She took for several days Arnica, then Nux vomica, and finally China and Chamomilla, but with no alleviation of the pain. After taking Dioscorea $\frac{1}{4}$ dilution, (five drops every three hours,) for 24 hours the pain left and has not returned. Dioscorea was found promptly curative in both the above cases, yet the symptoms were quite different.

Prof. Helmuth, of St. Louis, gives his testimony of the value of this remedy in enteralgia: "I was called to see a gentleman who for three days had been suffering the most intense pain in the lower part of the abdomen. A very great variety of medicines had been used in vain. There was a perfectly constipated condition of the bowels, the strongest purgatives producing no action; excessive sensitiveness of the abdominal parietes of the right side, with constant thirst. The pain, although occurring most violently in paroxysms, was *constant*, and was of a *violent twisting* character. All the usual remedial means failed until the Dioscorein in the 2d trituration was employed. The doses were fifteen minutes apart for the first four, then thirty minutes, and finally every hour. In four hours the patient's bowels moved, and in four hours more he fell into a profound slumber, which lasted ten hours, when he awoke. Although there was great soreness of the præcordia, the disease had entirely disappeared.

Case 2.—At four o'clock A. M., I was called upon to visit a gentleman whom the messenger asserted had been suffering most intense agony for some hours. From what I could learn, the case was one of enteralgia. I sent to him Colocynthis and Nux vomica, and added an enema and a hot fomentation, believing that by such means relief would certainly be afforded. At six o'clock I was again called upon,

and implored to visit the patient, as he was supposed to be dying. So soon as I could I went to him. He was not dying, but certainly was suffering very much. The pain he complained of being *constant*, in the *right side*, aggravated at times, and as he *twisted* his fingers together in his agony he exclaimed, "It's just like that, like that, like that!" These pains were all aggravated by lying down. I prepared him twelve powders, of three grains each, of the 2d trituration of the Dioscorein, ordered one to be taken every ten minutes until three were taken, then every twenty minutes, with orders that so soon as visible improvement was noticed, that the interval be longer between the doses. When I returned in three hours a smile on his face. "The second powder relieved me," said he, "and I feel most well."

"I could multiply these cases, but so far as I can observe I believe that whereas the sharp cuttings, with marked aggravations and ameliorations, belong to Colocynth, the *steady twisting* pains belong to Dioscorea; it is more nearly allied to Ipecac than either to Colocynth, Cocculus or Nux vomica. Its symptoms are worse when lying down, and are generally to be noticed early in the morning. Pressure relieving colic cannot be considered as pathognomonic of any remedy."

To this I will add my own observations. I have used the 1st, 2d, and 3d dilutions and triturations in the above affections. In *cramps of the stomach* (cardialgia) the 1st decimal dilution often acts more promptly and satisfactory than Nux vomica. In the *dioscorea-gastralgia* there is generally a great tendency to eructate, and the pain is paroxysmal. In spasmodic colic it seems to be indicated where we usually give Colocynth and Chamomilla. In these cases there is usually much flatulence, rumbling and paroxysmal pain. In the colic of children, accompanied or not by diarrhoea, and attended with screams and cries, and emissions of flatulence, the 2d and 3d triturations have been useful. The true sphere of its action, whether upon the muscular or nervous tissues of the abdomen, etc., cannot yet be defined. I am inclined, however, to the opinion that it acts more specifically upon the latter. Its action is probably confined to the stomach and intestines. If useful in after-pains, or hepatic disorders, it must be because they are dependent upon some intestinal derangement. I once treated a gentleman for several years, for an anomalous disease of the abdominal organs, of which I can never form any satisfactory idea. He had been troubled with it from early youth. The pain, for that constituted nearly the whole of the malady, appeared at irregular intervals, sometimes once a week, at others once a month, and lasted several days. I never prescribed anything, nor did any other physician, which seemed to give him any relief. Anodynes dulled the pain for a time, but gave no permanent benefit. It was a crampy, spasmodic pain, commencing near the crest of the ileum, and extending to the lumbar region and hypogastrium. Physical or mental labor would bring on an attack. It would gradually increase for days, and end in an attack of vomiting, or at other times affect the head. When it did leave it was always *suddenly*. Lying on the left side and back only was endurable.* My impression was

* It was not due to the passage of calculus, as would naturally be supposed.

that it was a spasmodic disease of the vermiform process, excited by some matters introduced into that portion of the intestine. A traveling "spiritual doctor" prescribed for him a medicine or compound which gave him more relief than anything he had ever used. The chief ingredient in this mixture was the *Dioscorea*. The clairvoyant insisted that the malady was "piles in the bowels," (?) a disease which is not laid down in our nomenclature.

Dr. V. W. Sunderlin, of Pewamo, Michigan, reports the following case:—Mr. A. V., aged 30, nervous temperament, has for several years been suffering with *Flatulent Colic*, which comes on *every* night, except during the summer months, at which time the pain does not come on so regularly every night, nor is it so severe. In the year 1858 I prescribed for him for the same disease, and gave *Colocynth*, *Chamomilla*, *Carbo veg.*, *Nux vom.*, and some other remedies, without any material benefit. Since that time other physicians and many remedies have been tried, apparently in vain. He believed that spirits of turpentine relieved him most of anything he had tried. About six weeks ago his sufferings were so great that I was sent for, and prescribed the *Dioscorin* 1st, in two-grain doses, three to be taken during the daytime and a dose every hour, when the pain came on. He has had no colic since the first night after taking the *Dioscorein*, and considers himself well.

Miscellany.

THE DOSE QUESTION.

BY J. D. CRAIG, M. D.

A Report to the Michigan Homœopathic Institute, June 19, 1866.

The dose question is one that has caused much discussion and bad feeling in the homœopathic ranks, and yet is no nearer a settlement than when the argument began.

The reason that no more progress has been made in that direction is not because it is impossible to at least approximate to a definite conclusion on the subject, but because of a want of toleration on the part of the disputants. In this age of freedom of thought, it would seem as if we might clothe ourselves with charity, and discuss the matter in a friendly spirit, aiming only at the truth. For disputed points can be settled in no other way than by discussion and experiment, and no man should assume infallibility.

This subject demands more attention from every true homœopathist

than any other question yet in dispute, for if it can be determined what dose is the most suitable in a given case with as much certainty as the selection of the remedy under the law "*similia similibus curantur*," homœopathy will take a great step towards perfection, and we might almost claim a place for it among the exact sciences.

There have been thus far but three theories of dose advanced that have received from the profession more than a passing notice, namely: The "high dilution" theory of Hahnemann; Dr. C. J. Hempel's theory, as presented in his *Materia Medica* and elsewhere, and Dr. E. M. Hale's in the *N. A. Journal* and his work on the *ew Remedies*.

When we approach any of Hahnemann's doctrines with an eye to criticism it is becoming in us to do so with at least a moderate degree of modesty, for we must all acknowledge the greatness of his mind; yet he was after all but a man, and it may be fairly supposed was as likely to err as others. There are but few of his followers that will doubt that high dilutions do cure diseases, and they may even be willing to admit that in certain cases the thirtieths, or even the thousandth dilutions may be preferable to any other dose, but that they are in all persons, and under all circumstances, the best, may, I think, be fairly questioned. It has, no doubt, happened to all physicians who are in the habit of prescribing high and low dilutions, to find some patients extremely insusceptible to any medicine except in a crude form, while others respond readily to the merest breaths of medicine. I frequently fail with even the 3d decimal dilution, and relieve promptly with the 1st, or crude tincture, as the following cases, from many of a similar nature, will show:

Sept. 3.—Was called to see Miss M., suffering from a severe attack of dysentery. The evacuations were as frequent as once in half an hour, accompanied with severe colic-like pains and some fever. I prescribed Aconite 3d, Colocynthis 3d, three or four drops dissolved in a tumbler half full of water, and a teaspoonful to be given every half hour. Called in the evening—no better; continued the same prescription.

Sept. 4.—Morning, worse; had discharges through the night as often as once in twenty minutes, and the colic-like pains were terrible. Aconite 3d, Mercurius solubilis 3d, every half hour. Called in the evening and found my patient still worse. Aconite 2d, Mercurius solubilis 3d, every 15 minutes.

Sept. 5.—Morning, no better, and very weak from want of sleep and the extreme colic-like pains. The bowels move every ten or fif-

teen minutes ; the fever still continues about the same. Aconite 2d, Colocynth 1st, every 15 minutes. Called at noon ; discharges about the same, but the pains are not quite as severe ; continue the same prescription. Evening, better ; discharges about once in half an hour, with less pain ; continue prescription.

Sept. 6.—Morning, continues to improve ; slept considerable during the night. I made no further change in the prescription, and dismissed her cured on the 8th.

Mrs. C., 32 years of age ; nervous sanguine temperament. During her third pregnancy she suffered considerably with severe pain in the right ovary, passing down the inside of the thighs as far as the knee. After parturition the lochial discharges continued for two months, compelling her to wean the child, after which it ceased, as did also the pain in the ovary and limb, but these last returned a day or two before the next menstrual period, accompanied with headache and pain in the eyes. Cimicifuga 3d, in globules, was administered every fifteen minutes for half the day, but failed to produce any effect, after which Belladonna 3d, was given. As this afforded no relief, and she complained of chilliness, I prescribed Aconite 3d, which produced an aggravation. I then discontinued all medication, and the next day the catamenia having made its appearance, the headache and other symptoms subsided, but returned as soon as the menstrual discharge stopped. On examination I found the os uteri swollen and tender, and pressure upward produced pain, not only in the uterus but in the ovary and limb. Prescribed various remedies without benefit, and the pains subsided after a few days. These symptoms were repeated every menstrual period for the next ten months, except that the uterus and ovary became less painful, and the headaches were more severe, and were accompanied with vomiting of bilious matter, and a feeling in the whole right side resembling the sensation produced by striking the ulnar nerve at the elbow. The menses regularly made their appearance three days too soon.

During that time I prescribed quite a number of remedies without a single particle of relief. Prescribed Aconite in all attenuations from the 1st to the 30th, and it always aggravated the headache. At the end of the tenth month, when she was suffering from an unusual attack of headache, I concluded to try Cimicifuga once more. Instead of giving the 3d, as at first, I now dissolved two or three drops of the crude tincture in a third of a tumbler full of water, and gave a teaspoonful every fifteen minutes. Saw her in an hour and she thought her head felt easier. Added two drops more of the tinc-

ture to the solution, and after three or four more doses the headache was all gone and she felt like a new woman. Since then she has had occasional premonitory symptoms of headache, but they have been promptly dissipated with the *Cimicifuga* in about half drop doses of the crude tincture.

An essential doctrine of the high dilution theory is that crude drugs and low dilutions produce aggravations. My observations on this subject, which have extended over a number of years, cause me to doubt this dogma, and lead to the following conclusions :

1st, *That when a medicine homœopathic to a disease is administered in over doses the peculiar pathogenetic effects of the drug may be superadded, but the existing malady is never increased in severity.*

2d, *That medicines only partially homœopathic frequently produce aggravations, even in high dilutions.*

I assert in the above that the existing disease is never aggravated by homœopathic remedies, and yet I see no reason why, if the medication were carried to an undue extent, a drug disease resembling the original one might not be produced, yet I hold that this could not take place until the first malady had been extinguished. None but a very ignorant or careless physician could carry the medication to such a degree as to threaten the diseased organs with danger, because, if he had even a smattering of the *materia medica* he would detect the pathogenetic effects of his remedy where they would be first developed, in points more or less remote from the parts diseased.

I have often seen diseases unmistakeably aggravated by very small doses of medicine, and in the early days of my professional life these aggravations were a source of gratification to me, because I flattered myself that I had been successful in selecting the proper remedy and all that remained for me to do was to either stop all medication and let the medicinal symptoms subside themselves, or to give a higher dilution, and yet I was invariably disappointed. I have never in a single instance seen a medicine relieve a disease, in any dose, that it had first aggravated. And so of late years, when I find that a medicine intensifies the sufferings of my patient, I consider the indications to be not a higher or lower dilution, but a different remedy.

I might adduce numerous cases to prove the correctness of these views, but they would lengthen this report to an undue extent. It will be recollected, however, that in the case of Mrs. C., cited above, *Aconite* aggravated the headaches but never relieved them in any dose ; whereas, a comparatively large one of another remedy (*Cimicifuga*) cured them.

It may be objected that my experiments are unreliable, because when aggravations occurred I used no higher attenuation than the thirtieths, whereas the two hundredths or two thousandths might have been the proper dose; but as most of my patients were relieved with other medicines, and frequently in tolerable large doses, I think that objection cannot be successfully urged.

Drs. Hempel and Hale both use the same foundation to build their theories on, and yet they come to directly opposite conclusions. They are founded on the well known facts: 1st, That "medicinal agents have two series of effects on the human system," the primary, which are produced by large doses of the drug and are of shorter duration, and the secondary, which are developed when the effects of the medicine are passing off. These are the reverse of the primary, and are of much longer duration. Thus a large dose of opium produce sleep for a few hours, which is succeeded by wakefulness that may last for days or even weeks. 3d, That "all diseases in their progress and developement show two series of symptoms or pathological states, the primary and secondary."

Dr. Hempel thinks that when a disease resembles the primary effects of the medicine indicated, that a comparatively large dose should be administered, and when it resembles the secondary effects of the drug, a small one, or the high dilutions.

Dr. Hale, on the contrary, thinks that "if the primary symptoms of a disease are present, and we are combatting them with a remedy whose primary symptoms are similar, *we must make the dose the smallest compatible with reason*; and if we are treating the secondary symptoms of a malady with a remedy whose secondary symptoms correspond, *we must use as large a dose as we can with safety*."

Dr. Hempel's theory is certainly more in accordance with the idea that most of us have had of the homœopathic law, and as I have been in the habit of prescribing on this principle for a number of years, I think that I am competent to give an opinion as to its practical value. A strong argument in favor of this theory is the fact that at the present time, and long before Hempel advanced these views, it had become a well established custom among perhaps the majority of homœopathic physicians, to prescribe low dilutions or crude drugs in acute diseases which correspond with the primary action of medicines, and high dilutions in chronic diseases which resemble the secondary.

It should be remembered that the dividing line between the different symptoms of remedies and acute and chronic diseases is arbitrary, the primary symptoms merging into the secondary, and vice

versa, and the dose should be regulated so as to correspond to the disease in its different stages of development. Thus, in bilious diarrhœa, or in the chill, when Aconite is indicated, I dissolve three or four drops of the tincture of the root in half a tumbler full of water, and give a teaspoonful as often as the case demands; in numbness and tingling, in pressure in the head, and headache, I use but one drop, or perhaps a few drops of the 1st dilution in as much water; and in fever, I find that the second or third answers better than the tincture. The rheumatic pains in the joints and the heart symptoms would require higher dilutions.

When Gelseminum is indicated in fever, I use the tincture, because, according to Hale, that is one of its early symptoms. The febrile condition is preceded by a chill, as in the case of Aconite, except that the Gelseminum fever comes on much sooner and does not last as long.

Having adopted Dr. Hempel's views on this subject, and having seen prompt and satisfactory results from their practical application, I cannot look on Dr. Hale's theory with any degree of favor. It appears to me that the doctor has been trying hard for the last few years to make the discordant doctrines "similia similibus," and "contraria contrarius" harmonize, and that this theory is an effort in that direction. However, if it answers no other end than to stimulate investigation and invite discussion, it will have answered a good purpose, as we shall never succeed by any other means in arriving at the truth, and in prescribing the dose on an undisputed scientific basis.

Book Notices, etc.

THE AMERICAN ECLECTIC MATERIA MEDICA, by Henry Hollembaek, M. D., Professor of Materia Medica, etc. Published by the author, and sold at Detroit Homœopathic Pharmacy.

A well printed octavo of 676 pages, containing engravings of 125 indigenous remedies. Homœopathic physicians will find many hints and references throughout its pages that will aid them in practice.

EPIDEMIC CHOLERA, by C. S. Walker, M. D., Professor of Obstetrics and Diseases of Women and Children in the Homœopathic Medical College of Missouri, 12mo., 36 pages. St. Louis, Mo., H. C. G. Luyties. 1866.

For the first stage, (Choleric) the Dr. recommends *Chamomilla*, *Ipecacuanha*, *Phosphorus*, *Phosphoric acid*, *Veratrum*, *Secale*, *China*.

For the second stage (confirmed cholera) *Camphor*, *Veratrum*, *Capsicum*, *Phosphorus*, *Phosphoric acid*, *Arsenicum* and *Guaco*.

Third stage (collapse), *Arsenicum*, *Cuprum*, *Secale*, *Camphor*, *Carbo vegetabilis*, *Veratrum*, *Guaco*, *Hydrocyanic acid*, *Jatropha*.

Fourth stage (reaction—secondary fever), *Aconite*, *Belladonna*, *Bryonia*, *Cantharis*, *China*, *Kali bichromicum*, *Mercurius*, *Nux*, *Apis mellifica*, *Phosphoric acid*, *Sulphur*, *Rhus radicans* and *Rhus toxicodendron*.

Attenuations advised, 3d centesimal. The author says: "Of many I prefer the 30th, only make careful selections and the higher remedies will afford more success than the lower ones."

CHOLERA AND ITS HOMŒOPATHIC TREATMENT, by Charles Cropper, M. D., editor of *American Homœopathist*. Cincinnati, 1856. 82 mo., 16 pages.

A brief manual directing attention to the four chief remedies, *Camphor*, *Veratrum*, *Cuprum*, *Arsenicum*, and containing many useful items.

THE AMERICAN HOMŒOPATHIST, June, 1866. Edited by Charles Cropper, M. D., and published at Cincinnati, by Messrs. Smith & Worthington.

This number completes the second volume. It will now pass to the editorial management of our friend and former colleague, James G. Hunt, M. D., who has issued his prospectus, but does not state what will be the size or price of the new volume. (The old was 304 pages, at \$1.50 per annum.) Financially the *American Homœopathist* has been a failure heretofore, and we hope Dr. Hunt will make the magazine pay its expenses hereafter. We have not a journal too many, but we have too many of a similar character. Would it not be better to have one good weekly publication to contain items of intelligence and brief reports of treatment, etc., etc., etc.; two or three well conducted monthlies, *to be filled with original articles exclusively*, so that no subscriber to all the journals should be annoyed at having the same dish served up half a dozen times; a quarterly with critical reviews and elaborate essays; and an Annual, in a bound volume of some 1000 pages, which shall furnish a summary or retrospect of all that has been published in both European and American medical journals that is worthy of preservation. We have publishers of enterprise sufficient, and editorial talent enough in our ranks. Shall the work be done?

TEXT-BOOK OF MATERIA MEDICA, by Prof. Ad. Lippe, Part II. A. J. Tafel, Philadelphia. For sale at Detroit Homœopathic Pharmacy. Price \$1.

This contains *Cinnabaris*, *Cistus canadensis*, *Coccionella*, *Cochlearia*, *Cimex lectularius*, *Cina*, *Clematis erecta*, *Cocculus*, *Coffea*, *Colchicum*, *Colocynth*, *Conium maculatum*, *Copaiva*, *Corallium rubrum*, *Creosotum*, *Crocus sativus*, *Croton tiglium*, *Cubebs*, *Capsicum*, *Cyclamen*, *Daphne indica*, *Diadema aranea*, *Digitalis*, *Drosera*, *Dulcamara*, *Dolichos pruriens*, *Ilaterium*, *Elaps corallinus*, *Eupipion*, *Gelseminum*, *Glonoine*, and others. Each part contains 144 pages, printed with good type in a clear manner, and is well worth the price charged (\$1.00).

Two pages are devoted to *Cimex lectularius*. Is it worthy a place in any homœopathic materia medica? Is the cause of homœopathy not injured by the introduction of things which excite disgust? We think the bed-bug should be discarded as a medicine as well as *Psoricum*, *Syphilinum*, *Farcine*, *Glanderine*, *Hydrophobin*, *Gonorrhœaicum*, *Leucorrhœaicum*, *Sycosin*, *Pedioulus hominis*, *Blatta Americana*, etc., etc., etc. When we have hundreds of plants, of strong medicinal powers, that have never been thoroughly proved, why should any man of common sense think of searching all nature for excrementitious and loathsome things. A short time since a physician of talent undertook to test the medicinal properties of human semen, another earth-worms, another the centipede. All such doings should be discountenanced, and no physician should pervert his talent or squander his time in any such pursuit.

NEW REMEDIES, THEIR PATHOGENETIC EFFECTS AND THERAPEUTICAL APPLICATION IN HOMŒOPATHIC PRACTICE, by Edwin M. Hale, M. D. Part II, pages 161—304. Published at Dr. E. A. Lodge's Homœopathic Pharmacy, 51 Wayne Street, Detroit, Michigan. Price, \$1.

This part embraces the following remedies: *Cactus grandiflorus*, *Caulophyllum thalictroides*, *Cerasus virginiana*, *Chelone glabra*, *Chimaphila umbellata*, *Cimicifuga racemosa*, *Cistus canadensis*, *Collinsonia canadensis*, *Comocladia dentata*, *Cornus circinata*, *Cornus florida*, *Corydalis formosa*, *Cypripedium pubescens*, *Dioscorea villosa*.

The third part is now printing, and will be issued in August, and the whole work will progress to completion without interruption. Much dissatisfaction has been caused by many publishers commencing a work in parts and then dropping it after two or three numbers, but this book is no experiment. The first edition is completely exhausted, the second has been re-written, and enlarged to more than

double the size of the old, and contains several new and invaluable provings. It will certainly be finished in due time. Both author and publisher pledge themselves to this, and it can be depended upon.

When published it will be neatly and strongly bound, and if parts are not damaged we will exchange bound copies for parts for \$1. This must obviate all reasonable objection to publication in numbers, as the value of the work from month to month will certainly be worth, in the practice of any physician, the cost of transmission of the parts for exchange. The postage on parts will cost but half a cent an ounce (two cents on four ounces), and on the bound copies one cent per ounce (four cents on each four ounces.)

Prof. Carroll Dunham says: "I am glad to see the book. Though not everything we need in the way of a materia medica, it is yet an indispensable preliminary to a complete and satisfactory book."

Personal Notices.

Avery.—H. N. Avery, M. D., has removed to Morristown, N. J. The Doctor is a son of Professor Charles Avery, L. L. D., of Hamilton College, a graduate of that institution and well worthy the patronage of the citizens of Morristown.

Adams.—E. T. Adams, M. D., has opened an office at 527 Michigan Avenue, Detroit.

Blakely.—J. M. Blakely, M. D., has removed to Livonia, Livingston Co., N. Y.

Ball.—Our friend, A. R. Ball, M. D., late of Marshall, Michigan, is now an *Oligarch*. His well at Sarnia, C. W., yields *well* 'tis said.

Barlow.—In a notice of removal in June No., of A. C. Barlow, M. D., to Toledo, Ohio, the name was spelt Barbour by mistake.

Baynes.—R. B. Baynes, M. D., has removed to Rockland, Maine.

Cowles.—Edwin Cowles, M. D., has removed from Watertown, Wisconsin, to New Albany.

Dornberg.—A. L. Dornberg, M. D., leaves Indiana for Manketo, Minnesota.

Eldridge.—Dr. C. S. Eldridge, son of Dr. I. N. Eldridge, of Flint, has settled at Bay City, Michigan.

Ehinger.—E. G. Ehinger, M. D., from Franklin Center, Iowa, locates at Keokuk, same State.

Ely.—Dr. W. A. Ely has removed from North Hempstead, L. I., to White Plains, New York.

Franklin.—Prof. E. C. Franklin has over 1200 pages MSS of his work on Surgery now ready for the press, and proposes to print it in two octavo volumes, of 800 pages each.

Ginley.—Dr. J. H. Ginley is now at Berlin, Ottawa County, Michigan.

Guy.—S. S. Guy, M. D., has resigned his profitable practice to act as General Agent of Hahnemann Life Insurance Company for the State of New York. Talented, active and always gentlemanly, he will doubtless be very successful.

Holcombe.—W. H. Holcombe, M. D., has published a very readable pamphlet with the title "How I Became a Homœopath." In a subsequent number we shall refer to it again under "Book Notices, etc."

Hayward.—Dr. Abner Hayward removes from Leoni, Jackson Co., Michigan, to Romeo, Macomb County.

Lauer.—C. F. Lauer, M. D., locates at Lebanon, Pa.

Linsley.—J. S. Linsley, M. D., has opened an office at 140 East 54th Street, New York City.

Marshall.—A. V. Marshall, M. D., has removed from Rutland to West Cornwall, Vermont.

Neidhard.—Prof. C. Neidhard has completed his monograph on Diphtheria. It contains a historical account of its phenomena, from the most ancient authors to the present time, and an account of the writer's experience in its treatment. Its publication will be anxiously looked for.

Olmsted.—C. C. Olmsted, M. D., has returned to Painesville, Ohio, where he was warmly received by his former patrons.

Rowsey.—Thomas Rowsey, M. D., returns to Toledo, Ohio. A lecture on cholera from his pen will appear hereafter

Smith.—Dr. John E. Smith has opened an office in Jackson, in partnership with Dr. Geo. D. Allen.

Woodward.—A. W. Woodward, M. D., will practice at 108 Macdougall Street, New York City.

Wright.—S. B. Wright, M. D., has settled at Wyandotte, Michigan. Dr. Wright graduated at the Philadelphia Homœopathic College, and comes well recommended.

SOCIETIES—WHEN AND WHERE THEY MEET.—1866-1867

The "*Homœopathic Medical Society of Wisconsin*," at LaCrosse, Wednesday, Oct. 17, 1866. H. B. DALE, M. D., *Secretary*.

The North-Western Provers' Association, on Tuesday, Nov. 13, 1866, at 168 Clark street, Chicago.

J. CATION DUNCAN, M. D., *Rec. Sec.*

New Hampshire Homœopathic Medical Society at —, Jan. 20.

J. H. GALLINGER, *Secretary*, Concord, N. H.

New York State Homœopathic Medical Society, at Albany, N. Y., on second Tuesday in February, 1867.

H. M. PAINE, M. D., *Secretary*, 104 State-st., Albany.

The "*Massachusetts Homœopathic Society*," Annual Meeting, Wednesday, April 11, Semi-annual Meeting, Oct. 10.

The "*Western Institute of Homœopathy*" at Indianapolis, third Tuesday of May, 1867.

The "*Canadian Institute of Homœopathy*" convenes at Brantford, second Wednesday in May, 1867.

The "*American Institute of Homœopathy*" at New York City, on first Wednesday in June, 1867.

I. T. TALBOT, M. D., *Gen. Secretary*, Boston.

The "*Michigan Institute of Homœopathy*" at Jackson, Mich., on third Tuesday of June, 1867.

EDWIN A. LODGE, M. D., *Secretary*.

DEFERRED ARTICLES.

Biographical Sketch of Dr. John Mosher.

Atropine in Cerebral Spinal Meningitis.

Case of Cough with unusual complications.

Sanguinaria canadensis in Pseudo-membranous Croup.

Homœopathy and Science.

Asiatic Cholera, a Lecture by Thomas Rowsey, M. D.

Review of Prof. Hale's Systematic Work on Abortion.

Homœopathy and Physiology.

Case of Gun-shot Wound.

Surgical Case, by C. H. Lee, M. D.

New Remedies, by L. M. Jones, M. D.

Scraps of Therapeutics.

Dr. Newcombe on New Remedies.

Homœopathic Statistics.

My First Steps.

Address by Prof. Hempel.

Plantago major.

Review of "What's Life."

Proving of Sanguinaria canadensis.

Proving of Trifolium.

Homœopathy—by T. C. Hunter.

Cactus grandiflorus. Etc., etc., etc.

Physiology.

BY J. M. LONG, M. D.

Read before the Michigan Institute of Homœopathy, June 19th 1866.

The science of Physiology took such a step forward through the energy and application of Carpenter, that we have not much to report in the yearly progress. In fact, it has so associated itself with Surgery and Anatomy, that as a special branch, it is too little regarded. It is, however, to Anatomy what life is to the body. Anatomy locates, Physiology finds the life; Anatomy is the map, Physiology is the history. Without both we have no certain criterion by which to judge of the requirements of the human system. Physiology is a guide to the recognition of those rules by which medical science grapples with disease. It points out the direction that ought to be followed towards the detection of the symptoms that signify an abnormal action of the organs that Anatomy clearly defines. What an amount of experience would it require to classify and arrange all the muscles, nerves, tissues and minute fibres of the human body if science had not stepped in, and like an accurate surveyor, clearly indicated each,. And what a task would it have been to have watched the action of those living organs, and to clearly define their use, if men of ready zeal had not placed before us so full and comprehensive a detail of such action.

The phenomena, which, in a state of health, present themselves during the life of man, once truly understood and recognised, it is easy to step into the science of Semeiology, or the science of symptoms. A living body puts forth signs that should be the guide to the man of science. To properly diagnose a disease one must perfectly understand the signs of a natural condition, and then the morbid signs are readily recog-

nized. The least functionary change may be said to be an abnormal condition, but actual disease is the result of some serious disturbance.

The human system is like a piece of delicate mechanism; the least clog in the wheels of a machine is felt through the whole apparatus. Even a particle of dust will disturb somewhat the perfect movement of a delicate piece of mechanism. It often requires a skillful hand to remove the cause of the disorder, and it is only a practical eye that can detect the cause of disturbance. There is no piece of mechanism that can compare with the human frame. How wonderfully do all its organs exhibit a perfect action. In every part there is continually going on a gigantic system of labor, absorption and secretion; the taking in and the throwing off; the distribution of nutrition, the elimination of particles; contraction and expansion, and all the principles that operate in the kingdom of Nature are controlled, concentrated and operated.

The application, throughout, of the various principles of motion may all be discovered in the human body. The world without is manifested in the world within. No man need, therefore, pause in his investigations, for we are safe in saying that what is to be produced in the world of art, has its representative in the human body. And to unfold those laws and present their operations is the highest labor that the human mind can be engaged in, since happiness may be said to depend upon the harmonious operation of all the laws of life, and it is vital force that gives to no functionary action. Thus it is with life itself, or vital power, that the physiologist has to deal with.

I would consider for a brief time, the connection between this vital force, which produces all functionary disturbance and drug power; or, remedial action as the result of a change in the vital power of the system. The human body shows, in all its parts, a symmetrical development and a combined power, so that we can truly say that if one member suffers, all members suffer with it, even though it be the smallest portion, or merely a cell or fibre. But with all this action or concrete power, there is to each portion of the body a law of life peculiar to itself.

Every cell lives within itself, as if it were an individual power. An illustration of this is given in the graft which unites itself with the old stock, and receives sustenance therefrom, but retains its individuality, and in the growth which it makes, preserves its identity. Precisely the same law governs animal cell life. The introduction of blood into the veins from another human organism has been said to develop peculiarities quite as striking. We may infer from fact and observation that each cell retains its identical vital force, and that the force is a representation of the individual by whom it was generated. Thus we find that the whole animal economy holds relationship to each part.

If we can rely upon the knowledge we have already gained of vegetable cell life, we may infer that each cell is a representation of the plant, and holds in it the vital force which belongs to the plant.

In the disturbance of the human system, called disease, the vital force is disturbed, so that there is improper action. The restoration to proper or harmonious action is the return of health. Now, all vital force is dependent on the spirit or life in man. How is it then that vegetable or mineral particles in atoms, however minute, can act on the whole system, and restore the power that seemed to be suffering in every portion. By the physiological law of unities, or spiritual force combined in atoms, we find that foreign substances introduced into the human system are absorbed in proportion to their attenuation. But we soon learn that each portion of the body is not equally influenced, but that the functions of one organ are changed, while another is not influenced ; or one set of tissues are affected, while others are not. Some remedies act on the nerves, some on the muscles ; some touch the absorbents, others the secretions. One remedy will build up, another destroy ; one will quiet, another excite. The only law that will cover this wonderful action is that which lies within the vital force or power, which in each organ, as in each cell, bears a perfect counterpart to the individual, and therefore has in its assimilative power also a sense of demand. That which is wanting it wills to have, and its power of absorption depends on its adaptation of the

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vital force in the remedy to the vital force in the organ to be acted upon, or the portion of organs, as the cells, blood capsules, etc.

Thus, Physiology brings to us the wonderful discovery of a body made up of minute portions, each having characteristic forces, and in these forces resides the power that is, in all cases, the cause of functionary disturbance. One of the distinctive characteristics of life, is motion. There can be said to be no real rest while there is life. The body proceeds in all its functions with uninterrupted precision as long as there are no disturbing influences at work to derange the vital force. But the moment that such disturbance takes place, we find motions more or less irregular. There is a constant effort to re-arrange all disarranged particles, or to throw off all foreign substances. It would seem as if each organ had a consciousness, and could express in individual action its condition. It is to this individual action that we owe the knowledge we gain of functionary disturbances.

Physiologically considered, each organ of the human economy is capable of expressing itself through its action, and imperfect action is the guide to lead to the proper diagnosis of disease. On the other hand, every remedy may be said to have its dynamic force, which is capable of changing the action of some parts of the system.

Physiology is the revelator of the life force, and brings to light the condition of the various portions of the human frame. But, if we may so speak, there is a physiological law that operates in the remedies, making the life force in them a counterpart of the body itself. Even the chemical changes that are produced by the introduction of certain substances into the animal economy, may be said to be expressions of the law of life, and thus, in some degree functional. The absorption that immediately takes place in the body, as soon as a foreign substance capable of being disintegrated, comes in contact with the absorbing vessels, proves how directly and actively every atom of life fulfils the law of its existence, and becomes a power to change and re-arrange other atoms. The drain that continually goes on in the human system, by the giving out of power

in the form of thought and physical labor, is made upon the whole system, and the supply must come back to all parts. Food and drink, air and magnetism continually build up the waste places. The whole body is a great laboratory, wherein changes continually take place. But mere chemical change is but a slight part of the work done. Chemical change may be said to be the re-arrangement of particles. Their distribution lies within the power or the force which we may call the interior or spiritual life of the atoms themselves.

As one of the beautiful proofs of the vital force residing in each atom, and its wonderful character, is the repair of injuries that takes place almost immediately. If the arm or other members are wounded, often the hemorrhage ceases spontaneously, and there follows a plastic exudation in which cellular formation and transformation take place; and finally, the wound heals. Each process has been towards a perfect restoration. Chemical law is not sufficient to produce such a wonderful result. We find a force at work that does the very best and only thing to be accomplished. Each atom does its work and does it well.

May we not suppose that what is true of one external injury is also true of an internal derangement. The vital force is ever on the alert to repair all injuries, and it holds itself connected with every minutest portion of the human frame. All that is necessary is to remove, as far as possible, all obstructions to the action of the vital force.

From what we know through Physiological science, of the steady and uniform action of all portions of the human organism, we may safely trust nature, and be assured that she will do her best towards expressing the truest and highest laws of existence. We need only to aid her efforts. If there is a thorn in the flesh, Nature goes about the work of removing it, but she is obliged to proceed slowly, and do in days what a skillful hand could perform in a moment. But the cause of disturbance once removed, Nature does the rest.

In disease, first, by knowledge of the normal action of each part of the human frame, find where is the functional disturbance. Remove the offending cause, and trust to the power of

Nature to act promptly and well. To aid Nature to do her work is the only process by which the medical faculty can be of service. To give the proper stimulant to the vital force and to understand the nature and power of drug adaptation, is the task before the man of science. But I intrude upon other subjects.

The importance of a more thorough physiological education must be felt before the profession can achieve its greatest work. It may be enough for one man to be able to cure disease by the knowledge gained through experience, but the operation of laws and the causes of disease, with their consequent conditions, must be understood before much advance can be made towards the ultimatum of medical science.

Practice of Medicine.

CASE OF COUGH WITH UNUSUAL COMPLICATIONS.

BY S. J. FULTON, M. D.

A Report before the Michigan Homœopathic Institute, June 19th, 1866.

Allow me to present to your body a report of a case which has been of the greatest interest to me, one to which I have thus far failed to find a parallel, in all the records that I can obtain—hoping that its relation may prove of interest to you, and if any of the members are aware of a similar case, I should be pleased to receive a history of it.

The patient, Mrs. F., a lady 64 years of age, has for the past 25 years been subject to a cough, severe in form and very exhausting in nature, arising, according to the opinion of some of our physicians, from an irritation of the mucous membrane of the lungs. It is very much influenced by anything affecting her nervous system. She has for years had most profuse mucous expectoration accompanying her cough, which for the past two years has been so severe and violent that she has been obliged, whenever she has a severe paroxysm of coughing, to lay her hand on her left eye to retain it in its proper position; else it

would be frequently forced from its socket, out level with the eyebrow, returning at once to its proper position upon cessation of the paroxysm.

On Wednesday A. M., April 18th, the eyeball was thrown from its sockets, protruding somewhat beyond the arch of the eyebrow, and swelling so as to fill up the entire space level with the nose. At first the pain was not very intense, nor was the visual power of the *right* eye materially affected. All our efforts to restore it to its proper position were at the time unavailing. Dr. H., an excellent surgeon, and myself, tried repeatedly to reduce the displacement, but no material change was affected till Thursday, P. M., when the patient, by constant manipulation, and by exercises of the proper muscles of the eye, (for strange to say, at this time she could move the eye, turning it nearly as usual,) finally succeeded in restoring it to its accustomed place. The eye was now retained *in situ* by an open circular compress fitting around the eyeball, but not covering the pupil, and all went very well till Friday forenoon. In coughing, the compress became somewhat displaced, and the ball pressing against it, was again thrown from its socket and highly congested. The suffering now was more acute and distressing than anything I had ever before witnessed. A single fold of linen, wet at first in Arnica solution, afterwards in Aconite, was all that she could endure. This was covered with a fold of dry cotton batting to exclude the air.

The eye swelled severely, and for days with every paroxysm of coughing we feared a rupture of the membranes of the eye. It was so badly swollen that the eyelids failed to cover it, not meeting at the inner angle of the eye within an eighth or three-sixteenths of an inch. The conjunctiva was so engorged and congested that it protruded, filling the space between the lids, appearing very much like beef pounded to a pulp. It was now impossible to open the eye or raise the lid at all, and the least touch upon the eyeball is more than she can endure. The sight of the right eye is now very much affected, and we greatly fear that she will be entirely deprived of her sight, as she can scarcely distinguish any object at the distance of a few feet. Aconite, Belladonna and Pulsatilla were freely used externally

and internally till May 5th, when the inflammation began rapidly to subside, and continued to improve steadily until the 11th, when the discharge, which has been constant for some days, became so acrid and corrosive as to eat the edges of the lids, producing severe smarting pain, and threatening disorganization in another form. This, however, shortly yielded to an application of *Hydrastis can.*, speedily changing the nature of the discharge. May 13th, we were able for an instant to raise the lid from the left eye, which appears very nearly restored to its proper position and size, and find that she can discern objects lying in her lap, but the effort causes intense pain, almost fainting. From this time till the present writing, June 15th, improvement has been steadily advancing. The swelling is entirely removed. The visual power is daily improving, and though her eyes are both very weak, we feel encouraged to hope that her sight will be fully restored. Still, almost each day she is reminded of the feeble tenure by which the eye is retained *in situ*, for several times, from some slight exertion, the eye has swollen badly and for a short time has been extremely painful. Her paroxysms of coughing still affect the eye and require the most careful attention on her part to prevent, again, a return of the former trouble.

For the American Homœopathic Observer.

SCRAPS OF THERAPEUTICS.

BY THOMAS NICHOL, M. D., OF BELLEVILLE, C. W.

Homœopathic physicians have so very much in the way of *Materia Medica* and *Therapeutics* to study, in addition to all the various sciences and arts required by him who essays to practice "the art almost divine," that there is some danger that much that is really valuable may be overlooked and forgotten. With this preface, I will note down a few "scraps of therapeutics," and will give a second instalment at some future time, should these prove acceptable to the readers of my favorite journal.

Ferrum iodatum in Retroversio Uteri.—I have used this preparation of iron in two cases of this most troublesome disease.

In both cases the womb was decidedly retroverted, the fundus tilted over and resting on the rectum. In addition, it was enlarged and congested, and the patients were troubled with an almost constant "bearing down," not towards the vagina, as in Prolapsus Uteri, but towards the upper part of the rectum, and of course there was difficulty in defecation. There was also present the steady aching pain in the back which Dr. Fleetwood Churchill attributes to "the pressure of the fundus uteri on the sacral nerves," and the dysmenorrhœa at the monthly periods was very severe. In one of the cases adhesion had taken place between the fundus uteri and the rectum; the other case, not being of such long standing, had escaped this serious complication. The remedy was given in half-grain doses of the second decimal trituration three times a day, and in both cases complete recovery followed the persevering use of the remedy. I used no mechanical appliances, as I am thoroughly convinced that they are worse than useless. I regret that I did not keep notes of the cases, as it is always interesting to note the gradual disappearance of the morbid phenomena before the action of a true specific.

Argentum nitricum in Atrophy of the Penis.—I have treated a number of cases of this disease with various remedies, but I incline to the opinion that *Argentum nitricum* is the leading remedy. Let me sketch a typical case, one out of many. The penis, then, was exceedingly small, the glans penis cold and almost wholly deficient in feeling. Sexual feeling was almost extinct, while seminal emissions were very frequent and exhausting. I gave the remedy, singly and alone, in grain doses of the third decimal trituration, three times a day, and the effect was remarkable. The virile organ enlarged, the emissions were checked, erections were strong and energetic, while the miserable patient emerged from what had almost seemed the "valley of the shadow of death" into the bright sunlight of health. "*Floreat Homœopathia*" was *the* motto forevermore.

Colocynthis in Paraphimosis.—One morning late in the year 1858 a young man came into my office whom I knew had been married on the preceding day, and after a good deal of hesita-

tion he told me that there was something wrong with him. I asked him what it was, when he uncovered the virile organ and showed me such a case of paraphimosis as I had never even imagined. The glans penis was as large as a clenched fist, while the mucous membrane of the prepuce encircled it like gigantic rose leaves, while the preputial orifice tightly encircled the body of the organ. The swelling was of a dark purple color, and the pain was very severe. I went home with him and for a couple of hours did my best to draw the prepuce over the glans. I applied Arnica, I used the cold douche and the hot douche, "extremes by change more fierce," but all in vain. The patient rested for an hour or so, and then I tried again, but with as little success. After resting another hour, I found matters unchanged. I then put ten drops of the 3d dilution of Colocynth into a tumbler of water and gave a teaspoonful every few minutes, at the same time applying a stronger solution of the same remedy locally, and after three doses the constriction suddenly relaxed and the prepuce was easily drawn forward. The symptom which guided me in the selection of this remedy was "retraction of the prepuce behind the glans during sleep."* Some may say that this is a mistaking the *post hoc* for the *propter hoc*; if so, it is a very remarkable one, for I used every imaginable means before resorting to the Colocynthis.

For the American Homœopathic Observer.

MY EXPERIENCE WITH NEW REMEDIES.

BY G. V. NEWCOMB, M. D., BROOKLYN, N. Y.

I have occasionally made the acquaintance of some few of the new remedies, as proved by Hale and others, and used them with pleasure to myself and profit to my patients. I could say considerable in regard to the action of Baptisia in calming and tranquilizing the unstrung nervous system, and sustaining the exhausted vitality during the oppressive influence of the poison of typhoid or other fevers, thus affording a speedier convalescence than China or any of its cognates. It is unequalled even by Seneca of the old school.

* Jahr's Syntomen Codex, vol. I, page 579.

I have derived great satisfaction in the use of Gelseminum, especially in the first stages of typhoid fever, followed in the latter by the Baptisia, with the occasional use of China and Arsenicum. Phytolacca I have used with some benefit in diphtheria. It seems to modify the blood poison and give a chance for other remedies to control its depredations.

I have used Cimicifuga with considerable benefit in muscular rheumatism, and also with marked success in some few cases of labor. It seems to have a surprising effect upon the os uteri by producing its normal dilatation by administering it some days previous to confinement, thereby modifying the whole process from beginning to end.

I have used other remedies with like success, and feel assured that in the further and more certain provings of our indigenous plants we shall have placed in our hands remedies which will be prompt and expeditious in assisting unerringly the great and good *vis medicatrix natura* in the discharge of her maternal duties to the satisfaction of all parties, especially those who may require her services.

For the American Homœopathic Observer.

ATROPINE IN CEREBRAL SPINAL MENINGITIS.

BY O. G. STRONG, M. D.,

This alarming and much dreaded disease has called forth a great deal of discussion in this country among the medical profession of different schools, in reference to the best agents to be employed and their mode of application to successfully control and cure this malady. That an item, or an idea, suggested by myself through the columns of the *Observer* may be of benefit to some care worn and almost desponding disciple of our school who has on hand, or may have hereafter, an almost hopeless case of *cerebral spinal meningitis*; I say try Atropine and you will see that it is capable of performing wonders. I have had a great deal of experience in the treatment of this disease during the past ten years. I have used many different agents in its treatment with uncertain results. I may say I have experimented with all the different agents

that, as I thought, would have a bearing upon the disease, but more or less uncertain results followed their use, with one exception, that was Atropine. I have not lost a single case in the past year, and I have had many, some original and some second hand cases of the most malignant character, so bad that no one that saw them thought it was possible for them to recover. But the Atropine, in every case, acted like a charm, and gave permanent relief. I use the Atropine in the third trituration, in doses of from one to three grains, from one to four hours apart, according to circumstances. I generally use Baptisia in alternation to control the febrile symptoms. And after the disease is checked, if there should be any predisposition to typhus, I use in alternation such typhus remedies as will control or check off any typhus symptoms, and all my cases with ease recover.

For the American Homœopathic Observer.

EUPATORIUM PERFOLIATUM IN INTERMITTENTS.

BY C. NEIDHARD, M. D., PHILA.

Case 1.—After Eupatorium perfoliatum third decimal, T. L. had one more attack and then no more. History and symptoms: Had the chills at Harrisburg, Pa., for three months, after which he was five weeks free from fever. Quinine in ordinary allopathic doses removed the chills, but they returned. In January last felt for three or four days an aching and weakness in the bones, thirst before chills, which always issue in at noon. The last attack had been receding to 7 A. M., with the following symptoms: The chill lasted two hours, followed by heat and perspiration, with headache. As the chill went off nausea and weakness of the stomach; no thirst during the fever. After Eupatorium 3. he had a most violent chill at 6 A. M., then no more as mentioned above.

2d Case.—Creeping chills all day, mostly in the back, hands and feet, like ice, but slightly all over the body; thirst in the forenoon; constipation of the bowels, great prostration of strength, there was headache during the fever, afterwards fever without any perspiration. Natrum mur. tincture, drop doses, produced violent perspiration without stopping the chills. Arsen. cured the prostration of strength, pain and rigors in chest; Eupatorium per., 20 drops in a tumblerful of water, a teaspoonful twice a day, cured.

3d Case.—A homœopathic physician, from this county, wrote to me as follows: "I have been attending George, (a little boy, æt 8,)

or the past two weeks, for an irregular intermittent, with very little success. I have given Aconite, Arsenicum, Natrum muriat., China, with very little advantage. Sometimes he has the chills every day, again every other day, and sometimes every third day. The chill also occurs at different periods of the day; you hardly know when to expect it." The patient brought the note himself with his father. Picture of the disease; violent shaking chill at 9½ A. M., for one hour and a half, after which heat one hour, followed by slight perspiration. The second paroxysm took place the same day at 12 o'clock, noon, thus forming a double quotidian consisting of a chill with heat, followed by profuse perspiration for two or three hours. Thirst during the whole time except the last perspiration. He also picks his nose, and is stiff in his limbs. Eupatorium per., in strong doses soon permanently cured the little boy. A few doses of quinine confirmed the cure. Small doses had no effect on this boy.

4th Case.—Symptoms: Slight chills with cold feet; dry skin and no perspiration; aching in the forehead; occasionally some perspiration in the morning, also heat on the top of the head with buzzing in the ears. Breath smells mouldy and sourish; oppression in the middle of the chest, with cough, causing pain in the spine; aching in the lower part of the back. Eupatorium per., tincture in water, cured. The chest symptoms which were only relieved by Eupatorium per., were finally cured by Sepia 6.

5th Case.—Every afternoon, at 4 o'clock, chills and fever characterized by red cheeks on both sides. Before the fever commences, at 3 P. M., thirst. The skin remains dry, the tongue is coated yellow, and bilious discharges from the bowels. Eupatorium per., in water, cured this case soon.

6th Case.—Another case characterized by chills, followed by fever with slight perspiration and thirst; was also cured by Eupatorium per., in water.

For the American Homœopathic Observer.

EUPATORIUM PURPUREUM.

REPORT OF THREE CASES CURED BY EUPATORIUM PURPUREUM.
BY B. L. DRESSER, M. D., SEARSPORT, MAINE.

My clinical experience with the Queen of the Meadow has been quite limited, though it has proved itself of great value in a number of cases.

Case 1st.—Elias Stafford enlisted as one of the nine months men, some three years ago. Immediately upon joining his regiment he took a violent cold. While suffering from this he began to experience an uneasiness in the region of the bladder, which continued to in-

crease until it became thoroughly established, as a confirmed chronic inflammation of the bladder.

While he remained in the army he was treated by a number of different physicians. Upon arriving home at the close of his term of service, he then became my patient, and has continued to be and still is my patient. During this long course of treatment I, of course, used a good many different remedies without any particular success, unless this may be called a success that he did not get any worse. Until about four months ago he remained about the same. At that time I administered Queen of the Meadow for the following symptoms: Smarting, burning in the bladder; soreness and pain in the bladder; severe, deep, dull aching in the bladder; smarting, burning in the urethra; most excruciating smarting upon passing urine; numbness of the legs; deep, dull, aching pain in the region of the kidneys; very much emaciated; hectic fever; night sweats; rheumatic pains shifting from place to place. The above symptoms he has suffered with more or less intensity, from the beginning, though after having taken the Eupatorium, the first dose even, the disease began to yield. I used the concentrated tincture made of the root, second dilution, twenty drops added to four ounces of distilled water, two teaspoonfuls or about four drachms at a dose, four times each day. Immediately upon taking the medicine, he began to improve from day to day. In a few weeks he was enabled to attend to his business. He is a common laborer.

Case 2d.—Mrs. P., pregnant, seven months of her time having expired. In order to visit her relatives, it was necessary to ride four miles over a very rough road. Such jolting and shaking could not be borne with impunity. Besides, during the journey she took a bad cold. On the following day she found herself sick. Violent headache, soreness all over, aching, gnawing in the joints; eyes red and swollen; violent cutting pain in the back; labor like pains in the back; constant desire to void urine; most excruciating smarting and burning in the urethra upon voiding the urine; passes a few drops at a time, and is obliged to make the effort very often; numbness of the legs; deep, dull ache in the kidneys, also in the bladder; pulse 90. Administered Eupatorium 2d dilution, twenty drops in four ounces of water. Dose, four drachms once in two hours; lengthened the intervals as she improved. In twelve hours the patient was convalescent.

Case 3d.—An infant two weeks old. Symptoms: Moaning suffering, expressed by its peculiar cries. Its lower belly swollen and hot. Restlessness, tossing; constant moaning; had not wet its napkin for forty-eight hours. During that time the child had been attended by an allopathic physician. In spite of this mischief, the Eupatorium worked like a charm. I administered the medicine in the following manner: Second dilution, one drop to six ounces of water, half a teaspoonful at a dose once in every half hour until it voided its urine; after that time, once in three hours. After taking a few doses, the child voided its urine, and immediately recovered.

Materia Medica.

For the American Homœopathic Observer.

EUPATORIUM PURPUREUM.

PROVING BY B. L. DRESSER, M.D., SEARSPORT, MAINE.

Mrs. H. H. Dresser, who is the subject upon which this proving has been made, is my wife. She has a nervous-sanguine temperament; complexion very fair, with light hair and light blue eyes. Mrs. D. is very susceptible to the action or influence of medicine, so much so that the two-hundreth dilution of some medicines will act energetically. During the past six years which I have practiced homœopathic medicine, Mrs. D. has tested or partially proved very many of our principal medicines. The object in view has been to verify certain characteristic symptoms, which has been done in almost every trial.

In proving this medicine great care was taken to record no symptoms but those produced by the medicine. The proving was continued ten days, beginning in the morning at 6 o'clock with ten drops, increasing each dose which was taken at intervals once in eight hours, up to sixty drops.

GENERAL SYMPTOMS.

Head.—Sensation as if falling toward the left side. Head feels light; cannot get rid of the sensation as if falling to the left. Dull, sleepy; great effort required in order to move about; lightness of the head; worse in the morning, disappearing at twelve o'clock. Suffers from an unusual wakefulness, with a staring look of the eyes; Dizziness of the head, with a sensation as if falling to the left side: Light and dizzy, as though flying round and round; hard thumping pain on the left occipital bone; sensation as if her head was moving in all directions. Dizzy, with deep, dull, aching pain through the temporal region on the left side. Head feels as though she had a bad cold. Constant falling to the left side has been a marked symptom.

Integument of the Head.—Soreness of the scalp; itching of the scalp; fine pricking sensation, rather pleasurable than otherwise; tenderness of the scalp.

Eyes.—Weeping; copious flow of tears; staring, looking with fixed eyes, wide open; eyes fastened with an earnest look upon some object. Feels sleepy; cannot see as far as usual; weeping, filling the lids with tears, causing constant wiping of the eyes.

Ears.—Reports in the ears; feeling as though they were full; filled up; crackling in the ears, like the burning of birch-bark, very much aggravated upon swallowing anything; squeaking sound in the ears.

Nose.—Discharges thin, watery fluid; constant discharge of a sore from continued wiping; abundant discharge of a thin, watery fluid.

Face.—Burning heat in the face; rush of blood to the face; congestion; face burning, red, dry, hot to the touch; shining appearance of the face, as when having used a large quantity of soap in washing. Light, dizzy sensation, in which the whole body seems to participate. Faint and weak from which the whole body suffers. Dull, heavy pain in the head, most severe in the forehead; vertex full, pressing as though lifting up from adjoining parts; confused, heavy; cannot seem to prevent falling toward the left side.

Mouth and Tongue.—Abundance of saliva in the mouth; increased action of all the glands of the month; gums red and hot; pricking and stinging in the end of the tongue.

Throat.—During the entire proving, she experienced a continued smarting and burning, most severe in the posterior part. Yawning, gaping, sighing, were symptoms that attended the entire proving. Choking, fullness of the throat, compelling her to swallow every few minutes; burning smarting, as if having been scalded by swallowing some hot substance; roughness and dryness in the throat; fluttering in the throat pit; soreness of the throat; sensation in the throat as if having swallowed tobacco; smarting in the posterior part of the throat; fine, prickly sensation of the posterior part of the tongue; numb feeling of the tongue, as if caused by Aconite; disagreeable fullness in the throat; can hardly prevent crying. Home-sick, though occupying her own home and surrounded by her own family.

Stomach.—Eructations was almost a constant symptom, particularly immediately after taking the medicine; great quantity of wind in the stomach; crampy pain; sickness of the stomach, came near vomiting; great nausea; eructations sometimes more, sometimes less; swelling and fullness, mostly on the left side. Took forty drops of the medicine; in twenty minutes eructations most violent; griping, crampy pain in the pit of the stomach; feels weak, sick; cannot move without making a great effort.

Abdomen.—Fullness and pain in the bowels; rolling, rumbling in the bowels; crampy, windy bowels; rumbling, rolling, twisting pain in the bowels; pain and soreness of the whole abdomen, but much the worse on the left side; bowels hard as a rock; fullness of the bowels; tense cutting pain two inches above the left ovary; heavy pressure all day on the rectum.

Stool.—Feeling as though the bowels must be moved immediately without being able to do so; pressure upon the rectum; pain and

suffering as if from diarrhœa, though the passages were not much altered.

Urinary Organs.—Took ten drops at six o'clock in the morning, before eating. In exactly half an hour, she experienced a smart, quick, jerking motion in the left ovary; also immediately above it. There is a deep dull pain in the left kidney. At the interval of an hour she experienced a desire to void urine; cannot get rid of the sensation; strong desire to pass water, having ten minutes previously evacuated the bladder. Constant urging to urinate all day; has passed twice as much urine during the day as usual. Heavy pressure during the day directly above the left ovary. Having evacuated the bladder every half hour during the day, still the bladder is full and tense. Took forty drops; then after an interval of twenty minutes felt an uncontrollable desire to void the urine; after which, she experienced a severe colic pain occupying the whole extent of the abdomen; a dull, deep pain in the kidneys; also another cutting pain, very severe, in the kidneys; the two pains seem to be separate and distinct, one from the other. Was obliged to evacuate the bladder four times within one hour; as much in quantity each time as when not under the influence of the medicine. Constant desire to pass water accompanied by a cutting, aching pain in the bladder; Deep, dull pain in the innominata; fullness of the bladder; hard aching pressure upon the bladder; constant desire to evacuate the bladder, which, after having been done, is not satisfactory; abundant urine; cutting pain, pressure, fullness, in the bladder. Five o'clock, evening,—scalding upon passing urine; smarting of the urethra upon voiding urine; burning, smarting pain in the water passage; feeling unnatural desire to strain to urge the urine on; the stream does not appear as large as natural; feeling as though, having retained the urine a long time without voiding of it; voiding urine as often as once an hour during the whole day; the external generative organs feel as though wet. This symptom was constant all through the proving, though a delusion. Feeling as though a continual voiding of urine all the time; voids a great quantity of urine; most severe, cutting pain in the urethra, which goes and comes in from five to ten minutes, lasting many hours; dull, heavy pain in the urethra; dull, aching pain in the bladder; smarting, burning in the urethra on voiding urine. Those or the above symptoms of the urethra began to be experienced the third day of the proving. After that time they are continuous. Smarting and burning very intense in the bladder and urethra; so much so that she could not stand. The above symptoms, of the urinary organs, were accompanied by a weak, tired, wearied, faint feeling, which was almost insupportable.

DR. DRESSER'S SECOND PROVING.

(OBSERVATION ON THE URINE.—Healthy urine has a light amber color, different degrees of density, it is transparent and has a lively look, and when strongly forced into a vessel it has a sprightly active motion and quickly seeks a quiet state. It has a specific gravity vary-

ing from 1010 to 1030. The average quantity of healthy urine is estimated to be from 30 to 40 ounces in 24 hours.)

Jan. 1.—At twelve o'clock my wife took sixty drops of the *Eupatorium pur.* This dose seemed to have an immediate action, causing in half an hour the evacuation of fourteen ounces of urine; specific gravity 1015, measured by the gravimeter; color not varying from that of healthy urine. At one o'clock, voided ten ounces, which had a more aromatic smell than the former passage. Ten minutes before three o'clock voided ten ounces, having a pale color, specific gravity the same as the previous examination. At this examination I first observed a white, flaky or flocculent substance which I collected upon a filter for examination; this proved to be mucus, the result, undoubtedly, of inflammation caused by the action of the medicine upon the urinary organs. At four o'clock voided twelve ounces. At six o'clock seven ounces; a quarter before seven o'clock voided five ounces. The characteristic constituents of the urine are not changed, we have an addition of mucus in amount, a considerable quantity, one half ounce in all during the day, or up to seven o'clock, the whole amount of urine voided during the first twelve hours of the proving being 58 ounces. The urine certainly has the appearance of diabetic urine. Its specific gravity during the day has been 1015. Upon applying the test in order to ascertain whether there was any sugar or not in the urine not the smallest trace could be discovered. After the first twelve hours, from the beginning of the proving, there has been much less in quantity than at first, though the frequency in voiding it, and the urgency by which it is impelled, has increased in intensity.

Jan. 2d—Nine o'clock, took 60 drops. Many of the symptoms to-day are the same as those recorded yesterday. Those we do not think it advantageous to repeat. The desire to-day to void urine has been almost unintermitted, nevertheless the quantity has been small. The prover has felt impelled to make frequent efforts to void urine without being able to void more than from one half ounce to two ounces at each evacuation. The effort to empty the bladder was made as often as once in an hour, and sometimes much oftener. The urine to-day presents a higher color, and has a greater density, its specific gravity averaging 1026, though it has, during the day, presented different densities. The characteristic constituents of the urine have not been changed as proven by examination, except by the addition of mucus, which had increased in quantity.

Jan. 3d.—Nine o'clock took sixty drops of the *Eupatorium*. The condition of the urine to-day has been almost exactly represented in the record of the preceding day, its specific gravity averaging 1028. Upon examination in order to ascertain the characteristics of the urine it was found to be neutral. During the three days the frequent and tormenting desire to pass urine, with occasional spasmodic action of the bladder could not long be borne."

Lectures.

“What Might and Should be the Social and Political Relations of Homœopathy to the Dominant School of Medicine.”

Address of Prof. HEMPEL before the Mich. Homœopathic Institute, June 19, 1866.

COLLEAGUES, LADIES AND GENTLEMEN :—The social and political relations of homœopathy to the dominant school of medicine are a subject of vast importance not only to the parties immediately interested in it, but to the community at large. Having been invited to address you on the present occasion in the place of the gentleman who had been regularly selected at the last meeting of the Institute for the performance of this office, but who was prevented by an irretrievable and saddening loss from complying with this appointment, it has occurred to me that on the present occasion an inquiry into what might and should be the social and political relations of homœopathy to the dominant school of medicine would not be an unacceptable subject to be presented for your consideration, more especially in view of the great interests which our school has at stake in the disposition to be made by the present Board of Regents of the State University of the constitutional requirement making it incumbent upon them to appoint at least one professor of homœopathy among the regularly appointed teachers of medicine in that institution.

“What might and should be the social and political relations of homœopathy to the dominant school of medicine?”

Permit me to offer you a few brief reflections on this subject. The conclusions I arrive at may possibly be controverted, but it will not be denied that they are considered in a liberal and philosophical spirit, alike honorable to our profession and befitting to our humane and benevolent calling.

The high teaching that man was not made for the sabbath, but that the sabbath was made for the sake of man, is eminently adapted to the high and sacred end which every good practitioner of medicine has in view, not to subserve the interests of a school or clique, but to heal the sick, irrespective of

color or creed, social position or pecuniary gain. If this is not his highest aim, for the successful attainment of which he is constantly prepared to invoke heavenly blessing and guidance, he is not fit to be classed among the true benefactors of the human race, and my remarks would neither be appreciated by, nor are they intended for, one whom I should deem recreant to the genius of enlightened charity.

If man was not made for the sake of the sabbath he certainly was not made for the sake of a medical system or school. If the sabbath was made for the sake of man, so was medicine created to subserve his wants. The opposite doctrine has deluged the world with misery and blood. Governments exist for the sake of man, not man for their sakes ; the church exists for the sake of man, not man for her sake ; systems of education are established for the sake of man, man does not exist for their sakes ; the whole structure of society is intended for the sake of man, man was not created to be shaped according to the conventional forms and arbitrary caprices of any social or political mechanism.

If the opposite doctrine were true, if man existed for the sake of government, would not the most unyielding despotism be justified by such an abominable system of soul and body destroying morality ? If man existed for the sake of the church would not auto-da-fes of the Spanish inquisition be converted into acceptable burnt-offering by such a terrible faith ? If man was made for the sake of any particular system of education, or for any particular system of medicine, would not human nature be victimised instead of being beautified and perfected by education ? Would not the sick man become a fit subject for every torture which the cruel genius of man had devised for his relief ? I hold that the legitimate impulses and the primordial necessities and requirements of human nature constitute the unimpeachable standard by which the value, truth and goodness of human systems, methods and institutions ought to be judged. Else we shall have to take authority for our guide in all that concerns the church, the political government and the social and educational interests of man ; and all opposition to, yea, the least deviation from the

established authority, becomes rebellion, which ought to be put down by the policeman's club or the bayonet.

Universal harmony results from the spontaneous union of liberty and order. The stars move along in their majestic orbits according to perfect law, yet in perfect freedom. In a state of nature the animal lives in accordance with instinctive law, to which it yields an impulsive obedience. The principle of order is just as much a constituent element of the universal equilibrium of things as the principle of freedom. Freedom without order would lead to destructive anarchy, order without freedom would terminate in soul-withering despotism. In our own country we have ascended from the low region of the divine right of kings into the sphere of popular sovereignty. We have sought to realize, and we have in a great measure succeeded in realizing, the union of liberty and order in our political as well as social life. Every citizen of our great republic is permitted to pursue the path of happiness in his own way, provided his ways are constitutionally legitimate. It is no longer proper for a foolish and besotted king to say : "L'etat ciest moi,"—I am the State. The constitution defines what shall be order and what shall be right, and within the limits of these definitions the life of this nation and of its individual citizens evolved itself in ever-enlarging circles of usefulness and power, and we trust will continue to evolve itself heavenward, like the spiral curve without end.

Our State Constitution provides that there shall be a Board of Regents, and that the Regents shall have power to organize a medical department in the State University, provided there shall be at least one professor of homœopathy appointed among the corps of professors. Why has not this constitutional requirement been complied with by the Regents? It cannot be because they intend to set an example of opposition to the laws to the young gentlemen composing the classes of Ann Arbor. Then why is it that no professor of homœopathy has as yet been appointed? Why is it that the doctrines of the homœopathic school remain as yet unexpounded in the halls of our State University? An answer to this question involves a

more particular consideration of the subject which I have chosen as the theme of my discourse.

It cannot be denied that the exclusion of homœopathy from the lecture-halls of Ann Arbor is owing to a determined and unyielding opposition, whether well or ill founded, to what are supposed to be the legitimate and orthodox teachings of homœopathy. There may have been another reason which existed on the part of the homœopaths themselves, namely : a fear that the purity of homœopathy should be sullied and the soundness of the doctrines compromised by their contact with the doctrines and practices of the dominant school.

Can the new-school and the old-school science of medicine co-exist side by side in the same University? Can they be taught in successive lectures as two co-ordinate and co-equal branches of knowledge? That they can co-exist in the State under the fostering care of the same government, protected by the same laws, entitled to the same privileges and official distinction, has long been decided in the affirmative, even in such countries as Austria, Prussia, France, and, indeed, every country in Europe, where the power and exclusiveness of ancient prerogatives present an almost insurpassable barrier to the introduction of new ideas and interests. The legislators of our own State have decided years ago that the new-school science of medicine, distinguished by the name of homœopathy, and the old-school science of medicine, commonly known as alloëopathy, can, and indeed shall, co-exist in the same educational halls, and shall be equally cared for and protected by our Board of Regents. There cannot be two opinions on this score. The Regents may seek to evade, or even to oppose the law; they may be intimidated by an antagonistic Faculty, and may be frightened away from every attempt to comply with the clearly enunciated legislative enactment relating to the establishment of a professorship of homœopathy in our State University. The fiat has gone forth from our legislative halls that homœopathy and alloëopathy can and henceforth shall enjoy an equal share of the fostering care of our authorities.

How is it in society? The respective adherents of the two schools do no longer assail each other with sneers and disrepu-

table objurgations ; they respect each other's right to advocate and patronize any medical doctrine that best suits their tastes and judgments. Alloëopathic physicians may still affect to regard their professional opponents with an eye of pity and contemptuous wonderment, but the lay adherents of homœopathy are uniformly treated with the respect that every well educated and properly behaved member of society has a right to claim. Why then should physicians of the opposite schools look down upon each other and treat each other with such an utter want of personal kindness and respect ? It is undoubtedly true that this rudeness is diminishing from year to year, and that the refining influences of social intercourse are doing much towards obliterating the boundary lines of the rival schools of medicine, considered in the light of social institutions. But there is still a lack of charity pervading the ranks of the professions, and the adherents of the antagonistic schools are still prone to claim the whole of truth for themselves, and to delegate the whole of falsehood to their professional opponents.

I have often wondered in my own mind why so much bitterness should characterize the controversy still pending between the dominant school and its opposing aspirant to public favor, and I have been led to the conclusion, after a careful enumeration of the pros and cons in this matter, that it is to serious misapprehensions and illogical denunciations that this passionate bitterness of feeling is mainly to be attributed.

Gentlemen, pride and passion have but too frequently spurred on the contending parties in the matter of homœopathy versus the dominant school. The dominant school has been denounced in terms of great and unmerited harshness as the mother of all evil. How could we of the opposite side expect to meet with favor in the eyes of those whose teachings and practices we repudiate in terms of unqualified reproof ? Granted that we possess a higher truth than our predecessors in medicine had dreamed of, was that truth presented by Hahnemann and his disciples in forms that would render it attractive to intelligent minds and procure for it access to their inmost consciousness as a truth of heaven ? It may be that Hahnemann

asserted too emphatically ; that the extraordinary results of his doctrines induced him to use too little moderation and argument, and a good deal more denunciation, in the presentation of his discovery to his cotemporaries. Far be it from me, gentlemen, to charge upon Hahnemann an undue degree of vehemence in his behavior towards dissenting cotemporaries, but equally far be it from me to receive with idolatrous reverence every word that fell from Hahnemann's lips. He was the discoverer, not the author of homœopathy, and all posterity will honor him as the harbinger of a new era in medicine ; as the founder of a school whose practices are fraught with untold blessings to the sick.

But Hahnemann was a fallible mortal, and it is no disrespect to his sacred memory if I remind some of his fanatical and unreasoning followers of this unimpeachable fact. The frame-work of his discovery did not burst upon his mind in its integrity ; it developed itself step by step to his penetrating intellect, and frequently held his mind spell-bound by what he must have regarded as the most remarkable novelty that had ever been introduced into the practice of medicine. Think of a globule of the thirtieth or two hundredth potency of Calomel and place side by side with it thirty grains of the crude material. In the beginning of his homœopathic career, Hahnemann regarded the dose as a subject of minor importance, and for a long time he continued to use tolerably large doses of the appropriate remedy. It is on record that he effected some brilliant cures at a time when he was not afraid or did not deem it inconsistent with the dignity of homœopathy to administer appreciable doses to his patients.

But gradually Hahnemann was led to believe that smaller and still smaller doses would prove equally powerful in combatting the arch-enemy disease. The spook of medicinal aggravation haunted him with unrelenting tenacity ; even the sixtieth potency of Drosera threatened to produce fatal aggravations in whooping-cough.

What an infatuation ! And how wrong and how foolish on the part of Hahnemann to denounce as a mongrel sect the many enlightened and earnestly enthusiastic practitioners of

homœopathy whose better judgment rendered it impossible for them to adopt all his vagaries regarding medicinal aggravations and hyperbolical potencies. His disciples have gone far beyond the limits of the master. One of them, Dr. Fincke, of Brooklyn, N. Y., professes to have carried up the potentiizing process very nearly to the one hundred thousandth. Imagination remains abashed at the contemplation of these inconceivable infinitessimals. This is what they are pleased to call high homœopathy, and what I should deem it perfectly proper to designate as hyper-metaphysical absurdity and nonsense. If such vital interests were not at stake in this foolish and fanciful mode of presenting the edifice of homœopathy, we might content ourselves with generously and charitably smiling at these boundless extravagancies. But unfortunately for the speedy triumph of our cause, these extravagancies are insisted upon as the most interesting portion of homœopathy; the most implicit faith in their correctness is regarded as the touchstone of every true follower of Hahnemann; he who does not believe in Dr. Fincke's infinitesimal calculus is not worthy of loosening the shoe-strings of the high potentialists.

I have every respect for the gentleman who has added this mass of unmitigated extravagances to the literature of our school, but I must be permitted to say that I regard this tissue of ponderous Latin and Greek, of fanciful generalities, of hypothetical assumptions, and of unreliable and unsatisfactory records of cases, as the product of a highly-wrought and morbidly excited imagination.

How can we expect to interest liberal minded opponents in our cause if such frightful and unheard of absurdities are permitted to be engrafted upon the fundamental doctrines of our school as legitimate and integral parts of the homœopathic edifice? Have we not a duty to fulfil to the gentlemen of the other school? Have we conquered the world? Should we not be careful in separating the wheat from the chaff? And if we now cast a critical glance at the much vaunted cures which are said to have been wrought by means of these high potencies, do they bear the unmistakable impress of a speedily curative medicinal action? Alas, alas, *parturiunt montes et*

nascitur ridiculus mus, the mountain has been in labor and a ridiculous mouse was born.

I regard it as the height of absurdity for any man to assert that unless a cure is effected by means of a high potency it is not effected in accordance with the homœopathic law. This, or something to this effect, is Fincke's silly assumption. Permit me to contrast his cases with a few cases wrought with comparatively large doses : A young man of twenty-one years, a tailor by trade, was attacked with a sore on the left leg in the neighborhood of the saphena vein. The sore had been on the leg for several days, when erysipelas set in ; pus was absorbed in consequence of which phlebitis developed itself. Two days after the supervention of this dangerous change, I was requested by the young man's employer to visit him. I found the left leg very much swollen and painful ; the erysipelatous inflammation had a very angry look ; the sore had a blistered appearance of a purple-reddish hue ; the phlebitis had traveled up to the hip-joint ; the heart beat feebly and with more or less irregularity ; the general appearance of the patient was that of a person who was very sick, very much prostrated and in a sinking condition. I at once put the young man on alternate doses of the tincture of Aconite root and the fluid extract of Belladonna, three drops of each in a separate tumbler of water, to be taken in small tablespoonful doses every hour. No other treatment was pursued. I first saw the young man on Wednesday of a certain week, and on the subsequent Monday he was able to walk back to his shop and resume his customary work. Would this case have proved satisfactory to a hyper-metaphysical potentiast?

A boy of twelve had a violent fall upon his back which jarred the spinal cord to such an extent that on the day following he was attacked with purpura hæmorrhagica. The blood flowed from his nose, exuded from the gums, was vomited in large quantities from the stomach, was discharged from the rectum, exuded from the abdominal integuments and from other parts of his body. Two days after the purpura had set in the parents requested my attendance. I found the boy very much prostrated and pale. I put him on the alternate use of Aconite and

Arnica, but without producing the least change in the truly frightful aspect of the case. By this time the boy had become pulseless, terrible convulsions set in and the child's death was expected every moment. I made up my mind that nothing would save him, if anything still should be able to save him, but Hyoscyamus and Phosphoric acid. I mixed ten drops of the strong tincture of the former in half a tumbler of water, and twenty-five drops of the dilute acid in another half tumbler, and gave the child a teaspoonful of each mixture alternately every five minutes. This was about one o'clock in the night. In about half an hour the boy had recovered sufficient strength to whisper a few words, the convulsions and the hæmorrhage were arrested; he had sank into a refreshing slumber. He improved from day to day, and in about a fortnight after the first occurrence of the accident the little fellow was able to resume his studies. I am satisfied that the high potencies would have utterly failed in this case.

A girl of ten years had been affected with chorea for upwards of six months. The attacks became so violent that she would be jerked off the bed, in consequence of which she had to sleep in a cradle where she could be properly secured. Various remedies had been resorted to to check this distressing disorder; but so far the treatment had not only been ineffectual but the disease had steadily progressed in intensity; the child had lost the power of utterance; she was scarcely able to speak out a few indistinct sounds the meaning of which would only be apprehended by her mother. Her urine was surcharged with albumen. This was my determining indication for the selection of a remedial agent. I made up my mind that this child's brain was deficient in phosphorus and that I must give her a chance to elaborate and assimilate it in sufficient quantity to restore the tone of her shattered nerves. I commenced the treatment with twenty drops of dilute Phosphoric acid per day, gradually increasing the quantity to sixty drops every day. A few days after commencing the use of the acid an improvement became visible; the albuminous deposit began to decrease, the power of articulation returned, the spasms diminished in intensity, and in six weeks after the first

exhibition of the acid, the girl had been transformed into a blooming child, whose health has never been disturbed since, and it is now three years. I maintain that high potencies would have failed in this case, and that it would have been criminal to sacrifice an interesting patient like this little girl to the unyielding and heartless rigidity of a theory about doses.

Would not such treatment seem proper to allopathic physicians and worthy of imitation, if they had not been prejudiced against our system by the truly silly twaddle about doses in which many of our practitioners indulge with a sort of fond regard ?

It is frequently asserted in Fincke's book that Nature's movements are regulated with the least expenditure of force. Is this true? Is it not true that in many instances the course of nature is one of power, of irresistible force? Does it not require the whole power of the same to develop a single blade of grass? Is the tornado which sweeps over the prairie with a destructive force, like the infinitesimal quantities of the high potentialists? The powers of Nature manifest their ultimate effects grandly, majestically, terribly, as when the lightning strikes, or when the line-of-battle ship is hurried over the watery deep with every sail swelled by the breeze, or when the mighty cataract rushes down into an unfathomed abyss. It is of no use to appeal to the magnificent movements of nature for a confirmation of the doctrine that drugs may be infinitesimally divided and subdivided, changed into interminable potencies and still manifest curative power far more certain, more reliable, more immediately active than more material doses are capable of doing. What an aberration of logic and enthusiasm.

It stands to reason that if a medicine is given which affects the tissues similarly as the natural disease, it need not be given in a grossly material dose in order to produce its specific impression upon organs thus similarly affected by disease. And it is likewise evident that, by means of this direct system of treatment, the round-about way of the ruling schools of medicine are rendered superfluous. A homœopathic practitioner has no occasion for the violent revulsions which a system of

treatment based upon the theory of "contraries" requires. He gets along without exciting an artificial emesis or diarrhœa ; the destructive salivation of king calomel is as effectually put down in the domain of homœopathy as the unreasonable claims of king cotton have been set at rest in the republic of our fathers.

But between the old fashioned doses of the humoral pathologist and the hyper-metaphysical shadowy, fanciful nothings of the fifty or one hundred thousandth potentialist there is a gulf which it would be impossible for the broadest imagination to span. These numbers lead us into the mystic regions of a faith which it would be expecting too much of poor human nature to trust. "We have tried these high numbers in practice," say their advocates, "and we have found them efficient." The records of their brilliant success are before us. Gentlemen of the hyper-metaphysical school, if you have no more convincing proofs to offer to our brethren of the opposite school than your pretended cases, you will never make a single convert ; more than this, you will hurt our cause, retard its progress, make enemies where more rational efforts would perhaps have made friends.

A homœopathic practitioner has a perfect right, without violating the law by which he professes to be guided in the treatment of diseases, to resort to grain doses of Quinine in the treatment of various intermittent paroxysms ; or to drop doses, or five or ten drop doses of the fluid extract of Digitalis in dropsy ; or to the strong tincture of Aconite root, in gout and rheumatism ; or to massive doses of Cochineal in desquamative nephritis ; Iodine in goitre ; the Hydriodate of Potash in the secondary and tertiary forms of the lues venerea ; the balsam of Copaiva in infectious urethritis ; Sulphur in scabies ; Arsenic in psoriasis ; and a number of other drugs in the various affections for which they are respectively indicated, are used by the most successful and best educated practitioners of homœopathy in doses which every enlightened and unprejudiced practitioner of the dominant school would undoubtedly consider sufficient to exert a curative influence upon the disease, provided the drug was correctly chosen.

Let it be well understood that there is no such thing as a homœopathic dose ; that homœopathy means a scientific relation of drugs to diseases of a specific nature, different from the antiquated formula “*contraria contrariis*,” but nevertheless applicable in all diseases which do not come within the range of treatment by purely surgical, chemical or simply physiological, that is to say dietetic and hygienic means, and therefore strictly scientific, amenable to the tribunal of the analysing understanding, as well as the generalising reason, and entitled to all the respect which a scientific doctrine claims at the hands of the learned professions and of an enlightened public generally. If a homœopathic practitioner should see fit to give grain doses of Quinine in a case of congestive chills or intermittent neuralgia, and the opponents of homœopathy should accuse him of having resorted to allopathic treatment in such a case, they affirm that which is utterly false. Such false accusations are the unavoidable consequence of the unfortunate perversion of the scope and spirit of homœopathy, which hyper-metaphysical writers as Fincke and such arrogant scribes as Lippe and Co. are seeking to palm off upon the profession and the public as the teachings of genuine truth.

It is universally admitted as the result of observation, that medicine, if administered in accordance with the homœopathic doctrine “*similia similibus*” will still manifest curative effects in very minute doses. But, in order that such curative effects might be obtained, the medicine administered in a given case has to be in perfectly homœopathic *rapport* with the disease. In other words, it has to be the *direct* or *specific* remedy in the case, otherwise no curative result will be obtained were the medicine administered in ever so large a quantity. Old-school physicians are aware that in order to practice such a system successfully, a general knowledge of the gross effects of drugs is not sufficient. It is not sufficient to know that a drug sweats, purges or vomits; the whole range of action which a drug exerts upon the organic tissues and the nervous system, has to be carefully determined by experimentation upon healthy persons before it can be used as a remedial agent by a practitioner of the homœopathic healing art. Thus far upwards of three hun-

dred drugs have been investigated by hundreds of devoted and careful experimenters, with a view of determining their therapeutic action and range, and the knowledge thus obtained has been found sufficient to cure all known curable diseases in a much more direct, thorough, speedy, pleasant and permanent manner than any of the systems hitherto in vogue can boast of. Well informed physicians of every school cannot fail to perceive that the immense labor of investigating the manifold impressions which drugs are capable of exerting upon the tissues in health, can only be performed by men of thorough scientific culture, who have an abiding faith in the truth of their doctrines. A knowledge of the gross effects of drugs as emetics, cathartics, sudorifics, etc., might be obtained from intentional or accidental cases of poisoning; but the variety of shades of drug-action, the various pains and abnormal sensations generally which drugs are capable of creating; the manifold perturbations of the organic functions which drugs may cause, can only be accurately determined by a careful and persevering system of provings instituted upon a number of persons in good health, of both sexes, and of various ages, and regular habits of life.

It cannot be denied that in this respect one-sided enthusiasts have crowded into the homœopathic materia medica a number of puerile and unreliable observations, which are the work of fancy rather than of stern truth. But in this respect no medical system has the advantage of homœopathy. Every medical doctrine and method of treatment, from Hippocrates to the present time, is replete with erroneous statements, false observations and deceptive experiments, which the good sense of more enlightened practitioners has always been anxious to condemn and to expurgate from the statute-books of their schools.

In connection with this subject I ought to advert to the use of palliatives, against which the querists of the homœopathic school have been in the habit of inveighing. No truly humane homœopathic practitioner is opposed to the use of palliatives, provided they really do palliate suffering without aggravating the disease after the palliating effect has passed off. A simple

mustard plaster, a poultice, a strengthening plaster, a gentle laxative, a little morphine, etc., are used by every humane and sympathising practitioner of our School whenever the best interests of the patient may call for this palliating medication.

There are blind and ruthless dogmatists in medicine as well as in politics or religion ; men who would rather sacrifice the living child of God than to give up one tittle of their one-sided interpretations of a therapeutic law, or to accommodate their rigid comprehension of the law in the slightest particular to the hereditary habits and tendencies of a tainted organism. No humane physician of any school, much less of the homœopathic, which professes to be the depository of the divinely true law of cure, is ever guilty of such a heartless and unscientific application of an abstract theory to the practical wants of the sick man ; a true comprehension of the spirit of the homœopathic method of treatment is utterly opposed to the contracted opinions of the few exclusivists of our school, who would subordinate the victim of disease to the technical letter of a formula.

Why should not men of opposite opinions, but who are agreed on the one great and truly sacred object of the healing art, the cure of the sick, work side by side, as friends and brothers, in the vineyard of humanity, where so much is yet to be done for suffering man ? Are prejudice, pride, and sordid interest to keep physicians of the two schools forever disunited ? How much nobler it would seem if they would emulate each other in the cause of the sick in a spirit of generous and just rivalry. Let them but listen to each other with respectful forbearance, and they will soon find that they may impart an immense fund of knowledge to each other, and that boundless treasures yet remain unexplored in the domain of science which it will require a variety of minds, tastes and opinions to bring to light. Homœopathy, undefiled by the dross of her false prophets ; homœopathy, the heavenly goddess, imperishable as the rock of eternal truth, is worthy of the kindest treatment at the hands of our allopathic brothers. Give us a chance, even in the very halls which the liberality of our legislature has erected for all of us, to display her beauty, the grandness of her formulas and definitions, and the immensity of her curative resources, and the strife which now separates us in two hostile camps, will soon give way to a friendly contest between kindred spirits and interests, and Medicine regenerated, boundlessly useful, fraught with saving power, will be born of this noble endeavor.

Miscellany.

BIOGRAPHICAL SKETCH OF THE PIONEER HOMŒOPATHIC PHYSICIAN OF SOUTHERN MICHIGAN.

BY E. M. HALE, M. D.

Presented to the Michigan Institute of Homœopathy, at its 7th Annual Meeting, held in Detroit, June 19th, 1866.

When I commenced the practice of Homœopathic medicine in Hillsdale County, Michigan, in 1850, I used frequently to hear the name of Dr. John Mosher mentioned with something akin to superstitious reverence. The apparently wonderful cures of persons who had been given up to die by allopathic physicians, had been treasured up in the memory of the country people, who looked upon them as almost miraculous. My curiosity was much aroused to know something more about the history of the man who was the first to introduce Homœopathy into Central and Southern Michigan.

While on a visit to Hudson, not long since, I met with the widow of Dr. Mosher, a pleasant, genial lady, who lives with her sons and daughters, highly esteemed and loved by all who know her. From her I have collected the main incidents in the life of the subject of this sketch. I have added some incidents of my own which I learned from the friends of the deceased.

Dr. Mosher was born in Washington County, New York, in the year 1783. In 1809 he was elected a member of the Washington County Medical Society, N. Y. In 1810 he removed to Cayuga Co., N. Y., then a wilderness, where as a physician, a merchant, and a faithful public officer, he was held in the highest estimation of the whole county where he resided. It was when residing at Union Springs, N. Y., that Dr. Mosher's attention was first directed to the investigation of Homœopathy.

A young lawyer, P. C. Peterson, who occupied a part of Dr. Mosher's office, had, during a visit to the east, become acquainted with the use of homœopathic medicine, which was

then considered very strange, and was looked upon by the entire community with the utmost incredulity. It is probable that the number of physicians practicing Homœopathy in the State of New York, did not exceed a dozen, and its lay believers could have been counted by the hundreds. On Mr. Peterson's return, he related to Dr. Mosher the alleged wonderful effects of the infinitesimal doses in use in the new system. Homœopathy, as practiced at that day, was after the Hahnemannian plan. The smallest pellets only were used, one or two upon the tongue, or dissolved in a glass of pure water. I have in my possession a physician's case, which was used by a physician in New York City, who practiced there a short time after the death of Dr. Gramm. It contains 160 vials, each holding about one-fourth of a drachm. The pellets are of the smallest size known, not as large as black mustard seeds. The attenuation used in saturating the pellets varied from the 6th to the 30th.

It was probably such a case that Dr. Mosher first used. Dr. P. C. Peterson, (the father of Dr. J. C. Peterson, the talented young contributor to the *American Homœopathic Observer*,) who is now living in Union Springs, N. Y., is the person who first called the attention of Dr. Mosher to Homœopathy. He could probably relate, with greater fidelity, the incidents relating to the early homœopathic practice of Dr. Mosher. One incident, however, related to me by Mrs. Mosher, I will venture to reproduce here. Dr. Mosher had sold his office and practice to a Dr. Dodge, a real Sangrado. An epidemic of Scarlatina had appeared in the neighborhood. It assumed a very malignant character. Dr. Dodge treated it with very copious bleedings. His patients invariably refused to live. It was impossible for them to withstand the assaults of both enemies.

Dr. Peterson heard of these cases. He believed that homœopathic medicines would not be as liable to kill the Scarlatina patients as the bleeding and Calomel. His little domestic practice (probably Hering's first book.) told him that Belladonna would cure nearly all cases of that disease. He boldly requested permission of the parents of some children sick with the Scarlatina, who had been pronounced incurable by Dr. Dodge, that he might try the effects of Belladonna on them. Dr. Dodge interfered, and the matter was finally compromised by allowing Dr. Peterson to give the medicine *two hours*; at the end of that time it was to be relinquished if no improvement was manifested. The experiment was tried. An improvement *was* noticed, and the patients were saved! After this occurrence, Dr. Peterson treated a great many cases with

uniform success. This established Homœopathy on a fixed basis in that community.

In 1842, shortly after this occurrence, Dr. Mosher removed to Hillsdale County, Michigan, in the town of Somerset, then almost a wilderness, and commenced the practice of Homœopathy, where it had never been heard of except by remote rumor. Notwithstanding the opposition of all the Allopathists in that portion of the State, in a few years Dr. Mosher succeeded in building up the most extensive practice of any physician in Southern Michigan.

In 1844 or 5 another homœopathist, Dr. Sabin, settled near him, in the same county, town of Adams. At this time I think there were but three homœopathists in Michigan. The third was probably in Detroit, and must have been Dr. John Ellis.

Dr. Sabin died in 1855 or 6, after a long and painful illness, both physical and mental. It was my melancholy duty to attend him in his last illness. The persecutions of allopathic physicians had much to do with his mental alienation. I hope sometime to be able to give the profession a biography of this pioneer. Dr. Mosher was made of sterner stuff than his cotemporary, and his mental energy gained strength from the opposition. His friends helped him manfully, but his own force of character carried him through all.

In 1850 he was elected a member of the convention to revise the Constitution of the State of Michigan. It was in this convention that the previous law which prohibited physicians, other than graduates of a "regular" (allopathic) college, from collecting fees by a legal process was changed in such a manner that *any* person could practice medicine and collect fees. Dr. Mosher was probably instrumental in getting the change effected, although he was aided much by the friends of the "Botanic" School of medicine, which at that time was quite popular throughout the State.

After this date Dr. Mosher did not mingle much with the public. He was a strong politician of the Jacksonian school, but did not seek after office. Although a strong and forcible debater, and a ready writer, his name does not appear in the literature of our school as a contributor to our journals. At that time the only journal published in the interests of Homœopathy, was the "*Examiner*," edited by Drs. Hull, Hempel and Hering. The North American Journal had not begun its existence, and it was not until 1853 that any journal devoted to Homœopathy was presented in the west, namely, the "*American Magazine of Homœopathy*," at Cleveland, edited by Drs. Pulte and Gatchell.

The great West and Northwest, from whence come hundreds of homœopathic physicians to attend the various State Societies and Medical Institutes, was almost destitute of representatives of our school. There may have been one or two in Chicago. I know that when I located in Jonesville there were but three homœopathic physicians south of the Michigan Central R. R., namely—Dr. Mosher, Dr. Sabin and Dr. Dodge, the latter in Adrian. Dr. Knapp, of Adrian and Dr. Miner, of Wheatland did not begin to practice Homœopathy until several years later.

In the last few years of his life Dr. Mosher did not engage in the active duties of country practice. He did not, as was once his custom, visit patients a great distance from his home. Such was his wide-spread reputation that patients came to him from all parts of Southern Michigan for medical advice. I regret that, although living within eighteen miles of Dr. Mosher, and having patients within a few miles of his residence, I never met him and thus formed no personal acquaintance. I cannot explain why this happened. I certainly held a high opinion of his merits, but was quite young in the profession and as we never happened to meet, I did not care to intrude upon his reticacy. I never called him in consultation because he rarely resumed the duties of a physician away from his office.

Dr. Mosher died on the 5th day of November, 1856, at the age of 73, leaving a large family of sons and daughters, many of whom are now living and occupy responsible places in community, and are esteemed and respected. His portrait, which I now have before me, and which was taken a few years before his death, shows a person of strongly marked features; a high, broad forehead; a little Jacksonian in appearance; perceptive faculties large; a calm, thoughtful eye; firm, compressed lips, showing decision and a strong will; a face cleanly shaven, is still fine looking, and must have been handsome when young.

It is proper that we should remember these pioneers of our school, in this State. It is our duty to collect all that is known of the medical life of these men, who brought the first knowledge of our system into the West.

There may be some statements in this paper inadvertently incorrect. If so, let some of my cotemporaries make the proper correction. Let them also aid in finishing this brief biography, by adding any fact relating to the subject, which may have come to their knowledge.

Book Notices, etc.

A SYSTEMATIC TREATISE ON ABORTION, by Professor E. M. Hale, M. D. C. S. Halsey, Chicago.; 347 pages, plates. Price \$3.50. For sale at Detroit Homœopathic Pharmacy.

We welcome any addition to our literature, but when the new book claiming our notice comes in a good shape, and gives us the information we desire in well chosen language, we feel disposed to give the author the benefit of a somewhat extended notice.

Monographs upon the subject of abortion have been exceedingly rare, and although much relating to this subject has been written, it is scattered through the many text-books upon Midwifery and Diseases of Women, so that it was an endless task to cull from the general mass the point of information required. The book under consideration will obviate this difficulty; it also appeals to our therapeutical prejudices, as it is homœopathic in its treatment, and as such, it will fill a vast void in our medical literature. How well Professor Hale has fulfilled his object is best known by a careful study of his work.

In explanation of the terms used, he gives, in the introduction, his divisions of abortions, based upon the condition of the placenta and the foetus, as follows:

“1st—*Ovular*, when the ovum is lost previous to impregnation.”

“2d—*Embryonic*, when the impregnated ovum is expelled previous to the formation of attachment of the placenta to the uterus.”

“3d—*Fœtal*, when the expulsion occurs after the last date, and previous to the viability of the child.”

“4th—When the child is born capable of living, or viable, but before the end of normal pregnancy.”

These divisions are superior to the method previously adopted, which made quickening the division of foetal existence.

Part I gives the statistics of abortion, but the impossibility of obtaining, in this country, any current information or statis-

tical knowledge, has rendered the record in this particular rather meagre. The author advances the following: "If any disease of the uterus or contiguous organs, or any constitutional irritation sufficient to cause abortion exists, such causes are more likely to induce abortions at the first month than at any other period." No doubt he is correct. As before stated, the impossibility of obtaining any statistical information upon this point precludes the power either to deny or to sustain the assertion. With many women slight causes, as, for instance, an ordinary cathartic, emmenagogue, an over or unusual exertion, will produce an abortion without the knowledge of the patient, who supposes she is having a profuse menstruation only, and that the embryo is nothing but a "clot."

Part II, is devoted to the causes of abortion, which are divided into Constitutional, Local, Reflex and Medicinal, and each of these again are subdivided for convenience of explanation and reference. These subjects our author enters into in detail, and quotes from all the leading writers to sustain the position which he assumes. Each of these might, for the sake of argument, be combatted, but as nearly all of them are somewhat speculative in their nature, we will pass them by. One point, however, we will notice. The Professor states he has never seen an abortive effect produced by *Asclepias incarnata*. Our experience is quite at variance with his. In twelve cases in which it has been administered previous to the third month, abortion followed doses of from three to ten drops repeated every two or three hours, in five instances; no effect being produced in the remaining seven cases. This will represent the history of nearly every drug having claims as an abortive. We know no other drug in the *materia medica* that possesses such a control over the menstrual functions as this, and in our hands it has never failed to re-establish the suppressed menstruation. Its emmenagogue properties may account for its abortive qualities.

Part III, takes up Generation, and the symptoms, diagnosis, pathology, mechanism and prognosis of abortion. The stages of generations are divided into three grand divisions, to-wit: "1st,—From the arrival of the impregnated ovum in the uterine

cavity until the placental attachments are perfected, or the period of quickening," "2d.—From the date of placental attachment until the date when the foetus is capable of a separate existence." "3d.—From the viability of the foetus until the end of pregnancy."

The author accepts the generally received opinion of seminal contact as the cause of impregnation. We quote the following: "From the date of conception and lodgment of the ovum in the uterine cavity until about the fourteenth week (three and a half months), its nutrition is carried on by means of imbibitions or absorption through the membranes that surround it. Up to this period the placenta is not attached to the uterus, and the connection between the mother and child is established by means of the allantois. The fact that before the fourteenth week of gestation the placenta is not attached to the uterus should be kept in mind, as it will have considerable bearing upon the pathology and treatment of abortion. This period is that known as the period of quickening, or a time when the foetus is connected with the maternal circulation, through the placental vessels. In a medico-legal point of view, this is an important date, as by some jurists it is considered a date after which the induction of abortion is considered a criminal offense, unless some point of medical expediency demanded it."

The symptoms of abortion are divided into: "1st.—The premonitory, which represents the stage of irritation, or that condition of the uterus which exists up to the time of the rupture or separation of the membranes or placenta." "2d.—The actual, which represents the time which intervenes from the separation of the membranes until the expulsion of the foetus and placenta." "3d.—The subsequent, which represents the symptoms which follow and mark the conditions which are known as the sequelæ of abortion."

Upon the subject of hæmorrhage the author says as follows: "This is almost invariably attendant on the second stage. There are, however, some few exceptions to the rule, as in the case mentioned above, of the expulsion of the unbroken membranes. In this instance absolutely no hæmorrhage ensued, as

I was informed by the nurse, who stated that only the slightest stain of blood appeared upon the napkins used. Hæmorrhage rarely occurs to any extent previous to the expulsion of the foetus. It is rarely the case that the placenta is expelled at the same time with the foetus, or shortly thereafter, while the contrary obtains in delivery at full time." The observations of the author are correct, and our experience confirms them.

"The decaying placenta may be weeks in passing away, or it may be expelled by the irritated uterus before this process is completed. In this case the mass expelled has a spongy, worm-eaten appearance, and exhales an intolerable effluvia."—(Page 128.)

In our cases of retained placenta we have used, after waiting a reasonable length of time for nature to make the expulsive efforts, the Ergot in large doses, for the purpose of producing its drug effect, and this course we find the author, further on, recommends. Attenuations fail to bring about uterine contractions, and we must exhibit the drug in such quantities as will produce the *mechanical* action of the drug. We look upon this course as superior to allowing the placenta to remain and become a mass of putridity. The explanation given by the author why the placenta is so frequently retained is, in our opinion, fully justified by facts. Malposition of the uterus is undoubtedly a frequent cause of retention, and it has heretofore been explained by the author that it also is a frequent cause of abortion. In the chapter on Prognosis of Abortion the author enters fully upon the subject of the putrefactive absorption of the retained placenta. The importance of strict care on the part of the practitioner is recognized. Many cases who have died from peritonitis or metritis had the fires of inflammation lit up by the absorption of putrifying detached portions of the placenta, and we would take this occasion to impress upon young practitioners the importance of giving this point their closest attention.

The entire chapters upon Diagnosis and Prognosis are replete with good advice and sound reasoning.

Part IV considers the treatment of abortion. It is divided into : 1st.—The Preventive, and 2d.—The Remedial; which

last is subdivided into Mechanical and Remedial. 3d.—Post Partem, which is also subdivided into Partural, Dietetic and Medicinal, a division adopted from Dr. Ludlam. The author herein discusses the several remedies for the homœopathic treatment of the different varieties and stages of abortion, and has the honor to be the first writer in our school that has promulgated many therapeutical facts never before published. The introduction of all the new remedies, so far as experience has confirmed their range and power of action, is an addition to our literature that will be fully appreciated by his readers.

In the mechanical treatment the author introduces an instrument of his own invention, called the Looped Hook, a modification of the old Blunt Hook. The modified instrument is not so apt to pull out nor to injure the parts. We look upon the use of instruments in midwifery as properly belonging to the last resort. When time, patience and medicine fail to bring about the desired result, then, and then only, can instruments be introduced. We admit that in the hands of a special practitioner—one whose whole attention and experience is connected with midwifery, he may so use instruments as to shorten the duration of suffering, and, without injury to the patient, give immediate relief. But with the general practitioner it is different. He has not that delicacy of touch and dexterity of manipulation that will enable him to grope in a morbid and misplaced uterus with certain success. Nor is this dexterity expected of him. It is on this account that we speak as we do upon the use of instruments.

Part V embraces Obstetric Abortion, and gives the reason for and method of inducing premature labor. It may be questioned, especially at the present time, by some, if the processes so minutely detailed in this volume, will not increase the crime of criminal abortion by its instructions. In fact, the author has not overlooked this point, as he says at the close of his introduction :

“In order to render the work as complete as possible, it has been necessary to mention the various methods to be made use of for the induction of abortion for legitimate purposes. If this information shall be abused and used for unlawful purposes, the blame must rest where it really belongs.” * * *

Our space prevents us from giving the treatment advised throughout the book, or, in fact, of saying many things that we desire to say. When we consider the wonderful mystery that surrounds the procuration of man, we can congratulate ourselves that science has penetrated within the veil; and even though she has entered but the outer portals, she has revealed much that was hidden. Still the great and incomprehensible mystery is, and perhaps always will be, unrevealed to man. Our author spreads before his readers all the light that illuminates our modern science; and moreover, he has advanced a therapeutics far superior to any before published. No homœopathic library is complete without a copy of this work, and no general practitioner should be a day ignorant of its contents.

PETERSON.

WHY NOT? A book for every woman : By R. H. Storer, M. D. Lee & Shepard, Boston. Price 50 cents. For sale at Detroit Homœopathic Pharmacy.

The multiplicity of books that now crowds the market, gives rise to a lively competition among book makers. Our writers of novels rely largely for patronage upon the titles they place upon their works. The vocabulary of startling words and sentences is being pretty rapidly exhausted, and slang phrases, new and old, figure extensively on title pages. We regret to chronicle the occurrence of such an innovation in the medical world. "Why Not?" is a curious title to mask an essay on Criminal Abortion. Can it be that such a title is necessary to make the book sell, or to induce people to read it?

There can be no mistaking the fact that abortion has long been a crime among the American people of immense magnitude and gravity. And we trust that it is equally true that we are waking up to a realization of its dangerous results upon the nation.

Dr. Storer has certainly done the cause of humanity a just deed, in the production of the work before us. We can hardly, however, see the force of the design of placing it in the hands of "every woman." Of the large number of women in the country, no inconsiderable part are not married and never expect to be, and, in fact, never will be. There are many other

women who are past the prime of life ; and neither of these classes are likely to be especially interested, or directly benefitted by perusing it.

While aiming to make the work popular among women, the author has unfortunately failed to keep his particular readers in view, and has also addressed himself to the medical profession and the public generally ; he has ornamented the pages of his work with learned and technical phrases, to at least a certain extent, and we must confess to an impression that his style of thought is rather too formal and labored to make his writings as popular with the general reader as may be desirable.

A brief and imperfect work like Dr. Storer's, would hardly require more than a passing notice ; but the subject of Criminal Abortion is too important to be passed over with a word. It is no trivial matter that tens of thousands of human lives are yearly sacrificed, in our midst, by the unchecked hand of the abortionist. It is no trifling fact that many in the medical profession, and multitudes out of it, are professedly, and perhaps unfortunately, ignorant of the criminal nature of the act. But the exigencies of the case are met but partially by Dr. Storer's book. What we need, is to have the subject taken wholly out of the domain of medicine and law ; stripped of all professional incumbrances, and discussed as a personal, social and moral question.

The various methods in which the crime is committed, should be placed neither in the hands of the medical profession nor the public. The man who commits this error is morally responsible for the improper application of the knowledge gained through his agency. Distillers may not retail intoxicating liquors, but they are none the less responsible for every glass sold at the counter. Dr. Storer is not faulty in this respect, but there are authors who are.

Regarding the nature of intentional abortion, at any stage after conception, Dr. Storer approvingly quotes the following :

“ To extinguish the first spark of life, is a crime of the same nature, both against our Maker and society, as to destroy an infant, a child, or a man.”—PERCIVAL.

How painful it is to contrast with such a truth, so nobly expressed, the following, which we quote from a recent work :

“The dogma that the embryo before that date, [viability] is of the same importance as after, is yet debatable. I cannot, therefore, look upon the destruction of the ovum before that period, as *murder*.”—*Hale on Abortion*, p. 319.

Can it be that such a doctrine is the legitimate fruit of our christian civilization? Pray Heaven that such a faith may not stain the fair face of our medical profession. It will not be an easy task to check the impetus which such a declaration will give to the hellish work of abortionists. We cannot but be startled by the fact stated by Dr. Storer, that “abortions are infinitely more frequent among protestant than among catholic women.” Not that “Protestantism, as such, in any way encourages or indeed permits the practice of inducing abortion.” But the catholic woman is efficiently restrained by an “ordinance flanked on the one hand by the confessional, and on the other by denouncement and excommunication.” The fires of purgatory and the pains of Hell are a constant warning to prevent their commission of the crime.

But protestant society has no such wall of protection. Murder runs riot through its midst. The Christian Church, the omnipresent press, and the law of the land are all powerless in its grasp. Hence, Dr. Storer makes this strong popular appeal, hoping in some degree to stay the progress of this monstrous crime. And when he brings the medical profession into judgement, we can acquiesce. When he arraigns society before the bar, we can but approve. When he brings to light the marvelous extent to which this great crime is carried on, we can only say, “The half has not been told.”

But the interested reader of his book will search eagerly for the author's grand scheme of relief. He will naturally look for some plan to be instituted that shall place Protestantism and its adherents on as desirable a footing as that now occupied by the followers of Catholicism. Turn, then, to page 79, and read the author's recapitulation. There stands the sentence that is to be thundered in the ears of “every woman;” a sentence so potential as to deter them from the fashionable crime of murder.

“The induction of a forced abortion is, in reality, a crime against the infant, its mother, the family circle, and society.”

Alas for Protestantism ! Alas for humanity, if there be, indeed, no higher considerations to check the red hand of crime. Where are the solemn warnings of Divine revelation ? Where are the realities of a future world ? Where are the hopes of Heaven, or the terrors of Hell, that they should not be put into the balance that is to weigh on the results of Criminal Abortion ?

Is Catholicism alone to take up these ponderous and irresistible agents, and hurl them so successfully against this crime ? Will Protestantism longer consent to have the moral sense of the public perverted, by teaching that the question of the moral character of taking human life, in embryo, “is yet debatable ?” Will she still seek to crush out a crime that is both lucrative and fashionable, by opposing to it moral and learned disquisitions, while she spurns the very agents that Heaven places in her hands for relief ? There can be no hope for us, of escape from the inevitable and fearful results of this great crime, unless in addition to social and personal considerations, such as our author presents, we should add, as above and before all, the solemn considerations of a future accountability.

THE ANNUAL DIRECTORY OF HOMŒOPATHIC PHYSICIANS.

Dr. John B. Hall, of Cleveland, advertised his Directory to be out in January, 1866. At the meeting of the American Institute in June last, it was declared that the Directory had been prepared for the convenience of the Hahnemann Life Insurance Company, and that there was no intention to publish it. Dr. J. P. Dake said that it was complete *and would be printed immediately*. This was three months ago. Many who paid for the work in advance last year are very much dissatisfied. After such repeated pledges the work should certainly be printed. The contributions of the Colleges and Insurance Companies, with advance subscriptions, ought to defray a large proportion of the expense.

THE HOMŒOPATHIC EXPOSITOR—Monthly, 8 pages octavo. No. 1, July, 1866.

The above is edited and published by J. S. Douglas, M. D., at Milwaukie, Wis. It is an excellent paper for popular distribution, and physicians interested are requested to send the editor 50 cents to aid in its publication for a year.

HOME PAPERS, published by C. S. Halsey, Chicago.

Still another candidate for the popular ear. The design of this is quite different from the others, and we hope it will prove a success.

Colleges, Societies, etc.

For the American Homœopathic Observer.

CANADIAN INSTITUTE OF HOMŒOPATHY.

Second Annual Meeting.

According to announcement, the second annual meeting of the Canadian Institute of Homœopathy was held in Hamilton, at the Royal Hotel, on the 9th of May.

In the absence of the President, the Vice-President, Dr. J. J. Lancaster, called the meeting to order.

After routine business was finished, the Vice-President made an interesting verbal report on Obstetrics, citing cases from private practice.

Dr. Vernon reported a case of puerpural convulsions.

Dr. Adams enquired if any cases of epilepsy had come under the notice of any member from the use of *Ergot*. He reported several which he could distinctly trace to the use of this drug.

The President entered and took his seat.

Dr. Allen read a very interesting proving of *Permanganate of Potash*. This promises to be one of our best remedies in certain kinds of diphtheria, and the prover has used it with great success in that disease. The Doctor is making a more extended proving of the drug, and will publish it when completed.

Dr. C. T. Campbell presented a paper on Cholera, which was received and commended by vote of the Institute.

The President read his annual address, which was a very able article, and was warmly received by the members.

An election by ballot for officers for the ensuing year resulted as follows : President—G. C. FIELD, M. D., of Woodstock ; Vice-President—J. J. LANCASTER, M. D., of London ; Secretary and Treasurer—L. F. CRAWFORD, M. D., Hamilton.

It was agreed that the next meeting should be held at Brantford, on the second Wednesday in May, 1867.

Physicians present : Drs. Lancaster and Campbell, of London ; Dr. Field, of Woodstock ; Dr. Wilson, of Cleveland, O. ; Dr. Springer, of Ingersoll ; Dr. Allen, of Brantford ; Dr. Adams, of Toronto ; Drs. Vernon, Ferguson and Crawford, of Hamilton.

The society is young yet, but has the elements of strength, and promises soon to become one of the most useful institutions of the country.

Homœopathic Medical Society of Northwestern Pennsylvania.

A meeting of the homœopathic physicians of Erie and Crawford counties was held on Thursday, July 5th, at the office of Dr. R. Faulkner, in Erie, for the purpose of organizing the "Homœopathic Medical Society of Northwestern Pennsylvania." The meeting was well attended, and the proceedings very harmonious. The following officers were elected for the ensuing year: President—Dr. R. Faulkner ; Vice-President—Dr. H. M. Logee ; Secretary—Dr. N. Seymour ; Board of Censors—Drs. P. Faulkner, E. J. Fraser, J. B. Frasier.

Homœopathic Medical and Surgical Hospital of Pittsburgh, Pa.

This Institution was opened on the 26th of July, with great eclat. We congratulate our friends on the success which has attended their undertaking. The building is well furnished, and all the arrangements for the reception of patients have been completed.

Personal Notices.

Blakesly.—Dr. J. M. Blakesly has opened a *Cure* at Avon, New York. Water treatment will be used in conjunction with homœopathic medication.

De Pew.—Dr. H. H. De Pew is at Maquoketa, Iowa.

Sheldon.—Dr. Sheldon has dissolved partnership with Dr. Clary. The new firm is Drs. Sheldon and Warren, 55 Warren St., Syracuse, New York.

Rogers.—We deeply regret to learn that our friend and correspondent, Smith Rogers, M. D., of Battle Creek, is still very low (August 11th). His leg was amputated July 23th, by Prof. Beebe.

Clark.—Dr. C. D. Clark removes to Mattoon City, Ill.

Lutes.—Dr. C. H. Lutes removes from Dignonier, Indiana, to Clinton, Michigan.

Malcolm.—Dr. J. G. Malcolm has settled at Holly, Michigan.

Hunting.—Dr. J. P. Hunting is now at Brookfield, Madison county, New York.

Hyde.—W. A. Hyde, M. D., removes to Springfield, Missouri.

Sheffield.—H. Sheffield, M. D., of Nashville, Tennessee, has recently been the happy recipient of a beautiful set of silver-ware—waiter, pitcher and goblets—a handsome token of appreciation of his services as a homœopathic physician.

DEFERRED ARTICLES.

Sanguinaria canadensis in Pseudo-membranous Croup.

Homœopathy and Science.

Asiatic Cholera, a Lecture by Thomas Rowsey, M. D.

Case of Gun-shot Wound.

Surgical Case, by C. H. Lee, M. D.

New Remedies, by L. M. Jones, M. D.

Homœopathic Statistics.

My First Steps.

Plantago major.

Review of "What's Life."

Proving of Sanguinaria canadensis.

Proving of Trifolium.

Homœopathy—by T. C. Hunter.

Cactus grandiflorus. Etc., etc., etc.

Prolapsus Uteri of Nine Years Standing Cured.

The Use of the Colpeurynter.

Iris versicolor, by C. A. Guernsey, M. D.

Homœopathic Electropathy.

Otitis Externa.

Urea, its Cause, Nature and Effects.

Practice of Medicine.

For the American Homœopathic Observer.

ASIATIC CHOLERA.

A LECTURE BY THOMAS ROWSEY, M. D.

INTRODUCTION.—In the neighborhood of the Indus and Ganges dwells a deadly atmosphere. On their rank, slimy shores grows a moral Upas tree, which, at brief intervals, casts its fearful shadow over almost the entire globe. Amid the scenes of man's origin, his early happiness and his fall, lives the curse enunciated so many years ago—death in its most hideous shape. Natural causes, easily explained, sustain and nourish the anathema. For years it will hide in its wild waste, silently gathering its awful power ere it again stalks abroad to claim its victims. Sometimes the infection spends its fierce energies upon the millions of its own land. In their grovelling ignorance and abominable practices it finds mind and body ever open to the attack of its fatal poison. Again, with the aromatics, the glowing fabrics, the vices and the fatalism of Asia comes her blighting infections to our own brighter land. The poverty, ignorance and filth of the countless multitudes of India are active co-adjutors of this Prince of Death. But the chief nursery of the infection is in the Delta of the Ganges, where the decomposing masses of the stream, and the heaps of vegetable matters decay and ferment beneath the blaze of an Indian sun. With these causes act many of the religious observances peculiar to the country. The religion, the traditions and legends of the Brahmins compel the practice of the most disgusting funeral rites. Peculiar baptismal and remedial virtues are believed to reside in the waters of many of the rivers of India, particularly the Ganges. The book of Manon declares fire

and water to be necessary to purification, and its blind devotees burn their dead, frequently casting the charred remains into the stream to fester and decay. Eastern travellers have repeatedly written of the disgusting habit of throwing into the Ganges thousands of dead, and have told us that the Hooghley, a branch of the Ganges, is continually seen dotted with putrid corpses, while putrescent masses lined the shore. The mephitic gases continually arising from this multitude of festering matter, forms rare food for the cholera demon. Add to this the annual and long-continued inundations of an extensive tract of country surrounding the Delta, with the deposit of immense masses of decomposing and refuse *materiel*, and we cease to ask why the infection selected these dark haunts for its peculiar home. De Montanier, writing on this subject, says: "The most unhealthy point is what we call the Delta, or rather the Sunderbund. A short distance above the village of Marchedabad, the Ganges separates in to several branches, which unite with rivers of less importance and embrace a territory in the form of a triangle, or rather of the Greek letter Delta, whence arises its peculiar designation.

This space which measures more than 100 leagues, and is cross-lined in all directions with channels, forms immense marshes covered with forests, swarming with wild beasts. Man cannot reside there, and it is rare to find even a Hindoo of the lowest caste. This is the frightful cradle of the cholera."

Not here only has the cholera its home. I believe its dominions to be as broad as the dark jungles of India,—as wide as the gloomy shadows of its fell superstitions, its awful rites. I have said that it sometimes steals in among us with the brilliant hues and dyes and glowing stuffs of India. Thus it came in 1817, along the grand avenues of commerce and travel, hailing from Jessore. Travelling leisurely, but fatally, it visited nearly every country. In Russia, in 1830, it spread across Europe and entered England in 1831, raged with frightful fatality in the following year, and swept across the Atlantic in the Spring of 1832. Since that time we have had other visitations; in 1854-58, each time starting from India. In 1862-63 it started from its lair, visiting Constantinople, and other

eastern cities with murderous severity. Paris, too, has lately suffered not lightly, and in various parts of Europe it has given warning of its presence. Even while I write apprehensions, keen and painful, are entertained by many that it will become epidemic here.

The excitement, the fear and consternation produced by the forebodings and measures of alarmists are well calculated to induce a depression which speedily begets an acute susceptibility to the toxic infection. Cholera generally casts its baleful shadows before. These shadows or premonitions [we have had. The course of the cholera and its laws are erratic, and premature and unsafe would be a prediction based upon past experience: It has been asserted that cholera rarely travels faster than man. It generally selects for its march the great routes of travel and traffic; flies with the hurrying railway train; hovers in and around the lonely bark in the midst of the ocean, or follows slowly across burning sands in the train of a toiling caravan. Unfortunately it is a disease which seems to baffle all inquiry and research. Too often the fatal result is all that we are certain of. Post-mortem researches only confuse the anxious enquirer.

Yet the study of the cholera epidemics which have visited Europe and America has not been entirely unfruitful; it has bequeathed Science many invaluable truths, and much crude, undigested matter, the study and analysis of which may lead to results the most desirable. Its course, its phenomena, its symptoms have been depicted by acute and learned observers. Examinations and comparisons of infected localities have taught us how to keep the monster at a safe distance, or at least to disarm him of half his terrors.

SYMPTOMS.—In the vast majority of cases the patients are attacked with premonitory diarrhoea, of longer or shorter duration, and of variable severity. In some cases it is absent, and the attack is sudden. The character of the discharges differs, sometimes greenish, at others yellowish, brownish, or it may be serous at first. The laxity in those of a constipated habit is, at times, scarcely appreciable. The number of these prodromic discharges varies. Sometimes only two or three in

the course of twenty-four hours, again there may be as many as twenty, lasting for days or even weeks. Cases have occurred in which the cramps and diarrhoea were simultaneous. Again, after the cramps had commenced, vague uneasiness and oppression at the epigastrium are occasionally the only warnings. The premonitory symptoms are exhibited in some disturbance, marked or trifling, of the digestive organs, which but too frequently attracts but little attention. It is when these awful warnings make their appearance that we should attempt the cure. Negligence in this initiatory stage of the disease is, in the physician criminal, in the patient suicidal. Hence, it is that amid ignorance and poverty cholera runs riot. These symptoms are not merely evidences of the presence of the cholera-poison in the atmosphere, for when these signs appear the patient is already stricken. Gradually, or swiftly, as the prodromic stage may have been, the patient, without assistance, drifts towards destruction. The diarrhoea increases, the discharges become more profuse and watery, resembling "rice-water," the burning and sense of oppression at the stomach become more severe, with vertigo, nausea, prickling sensation in the superior and inferior extremities. Restlessness and jactitation become excessive, pulse rapid and low, becoming scarcely perceptible as the disease advances. Unless the disease subsides the symptoms increase in severity at this stage. Violent retching, vomiting of a glairy mucus, sometimes mixed with bilious matter, diarrhoea profuse and involuntary, containing epithelial cells; dyspnoea, cramps in the extremities rapidly extending to the entire body; blueness around the finger nails, in the axilla, under the eyes, in the *alæ nasi*, around the mouth; the temperature of the body falls to 70 or lower; burning, weight and tenderness in the epigastrium. Suspension of the secretions of the eyes, nose, mouth and kidneys; insatiable thirst; tongue cold, bluish; features thin and contracted; eyes sunken, upper lids drawn upwards; nose pinched, the *alæ nasi* become flabby and impede respiration by drawing together; voice peculiar and startling, constriction and oppression of the chest, shrivelling of the entire body, the skin resembling the hands of a washerwoman, pulse scarcely perceptible or wholly

gone ; body bathed in a profuse and clammy sweat, the skin has lost all of its elasticity ; the heart beats tumultuously, while the pulse cannot be detected ; the lividity of the skin increases ; the conjunctivæ become congested ; the least motion of the body produces an oozy discharge from the rectum ; the heart struggles to perform its accustomed office, and but too often fails.

The above symptoms are rarely uniform. The poison of cholera manifests itself by a multitude of conflicting symptoms. Sometimes the discharges from the bowels resemble meal gruel, at others are bilious and consistent in character. There may be much fœtor, or a total absence of it in the evacuations. Now they are ejected with violence, and again they will flow passively. In some cases violent colic with obstinate constipation has occurred. Cases have occurred where the patient had but one copious discharge from the bowels, life seemingly passing away with the frightful loss. In some instances vomiting never occurred ; in others, the cramps would be the only symptom. Scarcely five minutes would intervene, in some cases, between the cramps ; in others, a quarter, a half-hour, or an hour, with a duration of five, ten, fifteen or twenty minutes. The vomiting begins at no regular time. In the greater number of instances the cramps begin in the inferior extremities. During collapse they often cease. The spasms of the extremities generally increase in proportion to the constriction of the chest. Sometimes the contractions are confined to the muscles of the neck and thorax ; at others, to the inferior extremities ; in a few instances, to the extensors of the great toes. According to Kennedy, in the low and most dangerous form of the cholera, spasm is generally wanting, or is present in a very slight degree. The discharges from the stomach are always acid, those from the bowels are acid or neutral. Albumen and Chloride of Sodium are found in the discharges in large proportion. The secretion of the bile is not completely suspended, for bile may be found in the evacuations in a modified form. A peculiar fœtor has been noticed in persons more advanced in life. The sensorium is scarcely affected. The intellect is generally undisturbed, exhibiting, however, confusion or ob-

tuseness. The comatose state is frequently heralded by fierce delirium. Frequently much muscular strength is retained, and many very remarkable cases are cited by different writers in illustration of this fact. During collapse external heat is distressing to the patient. Where the prostration has been excessive the reaction is correspondingly violent, cerebral symptoms rapidly supervening.

PATHOLOGY.—One of the most remarkable and constant features in the bodies of persons who have died of cholera, is a bluish discoloration of the skin, embracing more or less, the entire surface. It is always present near the nails, the palmar surface of the hands, the genitals, the soles of the feet, lips, ears, eyes, etc. The *rigor mortis* is another striking peculiarity, commencing in a few minutes, sometimes a few hours after death. Sometimes a decided reaction in the temperature of the body occurs. Venous congestion exists, and seems to involve the venous and every other system. The whole arterial system is empty. The blood exhibits peculiar changes consequent upon such an immense loss of its watery constituents. Garrod insists that the salines of the blood are in excess during cholera. Urea has been discovered in it in large proportion. The substance of the brain and spinal cord undergo no change. The vessels and sinuses of the brain are found engorged. The dissections by Kizare exhibit an irritated and enlarged condition of the semilunar ganglia and splanchnic nerves. The mucous follicles of the uvula, tonsils and pharynx present an enlarged appearance, and are sometimes filled with pus. The tissues of the lungs are generally healthy, with the exception, at times, of a slightly œdematous appearance. Epithelial cells and viscid matter have been discovered in the tubes. Yellow coagulated lymph is frequently detected in the pulmonary veins. The right cavities of the heart invariably contain more blood than the left, which are generally severely contracted. The mucous membrane of the stomach is thickened and dotted with spots, suggestive of inflammatory action. The alimentary canal throughout its length, the kidneys, the bladder, and portions of the liver present a congested appearance. The glands of Brunner, the agminate, the solitary, are enlarged and filled

with sero-purulent matter. While the mucous membranes throw off their epithelium, the serous linings become dry and harsh, although sometimes possessing a viscid coating. The bladder in the majority of cases is contracted and void of urine. Exfoliated epithelium renders the small quantity remaining thick and viscid, sometimes purulent. Albumen and bile have been detected in the urine during reaction. Other lesions have been observed, lesions which have depended on the progress or modification of the disease.

The pathological results of this disease are wrapt in almost as much obscurity as are the causes of it. We can hope for no success in this wide field of inquiry, nor expect any assistance in our efforts to ascertain the cause and nature of this formidable malady. In the multitude of facts, unarranged and undigested, caught up at the bedside and plucked from the demon in its desolating marches, we must seek for the thread which, once found, will guide us safely through the labyrinth of doubt, out upon the broad plains of Truth.

NATURE, CAUSES.—Where Vishnu, Kali, Juggernaut and *Conjectures* hold their bloody sway—where countless hosts render sacrifice and blind obedience to the fearful teachings of their mysterious Shasters,—cholera finds its natural home. In the unnaturai practices, in the poverty, and filth, and ignorance of their devotees, cholera finds an ever abundant harvest awaiting its unsparing scythe. The Ganges and the Jumna, the Indus and the Hooghley, flow darkly onward in horrible putrescence. Yet pilgrims carry the infected water to the most distant parts of India, to be used for religious and medicinal purposes. Although rendered nearly viscid by decomposing animal matter and innumerable impurities, the water of these streams is constantly used for drinking and culinary purposes, and the numerous merchant vessels trading there are supplied with it for the homeward voyage. Were it not that this car of Juggernaut occasionally draws its weary weight across Christian lands, crushing out the lives of thousands in its march, we might be satisfied to leave it to India, and to Zurrermurre, its Hindoo goddess, but in its dread presence the how and the wherefore of its coming are questions of vital importance.

Natural barriers furnish no protection. The infection, in its progress sweeps over the highest mountains, across burning wastes of sand, over the ocean, in defiance of opposing winds, and laughs at the most rigid quarantine. Theories unaccountable and uncounted have been advanced in explanation, each supported by able advocates, and each theory making the "confusion worse confounded."

Dr. John Chapman, of London, holds that "the primary cause of cholera is, as a general rule, the excessive heats of hot climates, and of temperate climates in summer when cholera prevails." It prevailed in Moscow in the winter of 1830-31. It traversed Russia, England and Scotland in winter. He farther says: "The proximate cause of cholera is of precisely the same nature as that of summer or choleraic diarrhoea, but it is far more developed, and consequently its action is proportionately more powerful and intense." Causes have been sought in some mysterious derangement of the atmosphere. It has been attributed to the chemical unions of different miasms. Vague electrical disturbances have been suggested as possible

CAUSES

Dr. Prout states that during past epidemics he frequently noticed a small but decided increase in the weight of the atmosphere, as if from the addition of some ponderous gas. Cholera patients throw off but little carbonic acid. Others regard it as an irritation of the mucous membrane of the alimentary canal; as a disturbance of the ganglionic centres; as a depressing influence of the specific poison on the functions of organic life, with a simultaneous irritant action of the same agent upon those of animal life.

Dr. Ceunieve asserts that the malady arises from the presence of oviparous animalculæ in the intestines, where they form and generate in immense numbers. If the patient enjoys robust health and is strong enough to resist their attacks, they die out immediately; but if the conditions of the human body are favorable to their growth, they quickly produce disorganization. Many refer the cause to certain peculiar modifications of ozone observable during cholera epidemics. The absence of any atmospheric action on ozone test papers was noticed in

cholera localities in 1854. "An ærial poison generated by the decay of animal and vegetable matter," fungi, sporules, have been assumed as causes. In the examinations of the atmosphere of infected localities, fungi and vibriones, or lower forms of animal life have been found. In the atmosphere of sewers these animalculæ abound in swarms. The supply of food to these creatures would argue the necessity of the presence of nitrogenous matter distinct from the germs of their inferior life. If these experiments do not unfold the true cause of cholera, they at least teach us that foreign animal matter may accumulate in particular localities, and which, depending on meteorological conditions, may induce and propagate disease.

Dr. Lander Lindsay, in a publication issued in 1859, makes the following remarks on the fungous origin of cholera: "The isolated or disintegrated individual cells of the tissues probably include many if not most of the 'annular bodies,' 'cholera corpuscles,' or 'fungi,' which so startled the histological and medical world during the cholera epidemic of 1848-49. As least the ultimate elements of these tissues or substances, as observed by myself, correspond in their character to those published as delineative of the bodies in question by their original discoverers. I believe that potatoes, oat-meal, bread, and the vegetables of common broth, will furnish most of the forms of the once famed 'annular bodies;' that they are not, therefore, fungoid in their origin or nature, and that they have no essential or causative relation to cholera. I have found them equally in other diseases, as in the stools of diarrhœa and dysentery.

* * "There are many who believe that Asiatic cholera is connected primarily with a rapid and fatal degeneration of the blood, produced by some undiscoverable septic influence.

Hahneman adopted the Linnæan theory of animalcular origin. Dr. Johnson, of London, considered choleraic collapse to be the result of an arrest of blood in the minute branches of the pulmonary artery, due to spasm. It has been ascribed to "an organic poison, which is reproduced within the human system, and is diffused by human intercourse." It is a well authenticated fact that poison germs are reproduced by secre-

tions without the blood being contaminated—as in gonorrhœal poison. Another has concluded that it arises from morbid secretions becoming poisonous from their union with the elements of matter, either in the earth or atmosphere. I believe that cholera is produced by aerial germs in the atmosphere. These germs are continually borne away from their dark haunts in India by meteorological and other influences, but meeting with no conditions, except at long intervals, essential to their preservation, they rapidly die out. These conditions of the atmosphere must depend upon elemental changes in its construction. We know that repeated examinations have shown an increased weight in the atmosphere of infected localities, during epidemics. This poison would seem to operate, to exist, by catalysis—by the presence of another power. The germs are readily swept from place to place, often passing localities, apparently presenting every requisite for their support, but evidently void of the peculiar receptivity necessary to the development of their fierce energies.

And here, in substantiation, let me give you the theory of a profound thinker, of an accomplished scholar and chemist—Dr. S. S. Lungren, of Toledo, Ohio. He says: “The principal article of food used by the natives of India, is the rice, which is grown in immense quantities, there being a double crop annually. Previous to the year 1817, one of the chief endemics of India was cholera morbus, almost exclusively confined to the natives. But the previous year the rice crop became badly diseased, yet was nevertheless consumed by the inhabitants of the country until the next crop was harvested. The diseased grain yielded a momentary sustenance—held famine at bay for a little while—but the monster born of this violation of Nature’s laws demanded a thousand deaths for every life lengthened by the infraction. The use of the spoiled rice as an article of food, and water containing a large amount of animal matter in a state of putrefaction, combined with a moist, heated atmosphere, acting upon debilitated systems, converted the ordinary cholera morbus of India into a malignant disease, analogous to poisoning by ergot, and capable of transmission from one human being to another.” But whatever the

cause of the malady may be, experience has taught us that there exists many exciting and predisposing aids to its development. Among the most hurtful of these is the constantly deteriorating atmosphere of ill-ventilated hospitals, churches, school rooms, dwellings, prisons, theatres, etc. The mephitic gases arising from crowded and ill-ventilated courts and lanes, poorly supplied with pure water, and ill-cleansed, close, filthy and foul-aired. Cess pools, drains, and sewers of deposit about the house. Few mephitic gases are more injurious than those arising from animal excretions. An accumulation of the infection may arise from the evacuations, which may give a local malignancy to the disease. The effluvia arising from slaughter houses, and from soap and candle factories, are exceedingly deleterious.

Putrescent food, such as spoiled oysters, sausages, pork, etc., an exceedingly minute quantity of which is sufficient to produce the most injurious effects, especially is this the case when any zymotic disease is epidemic. Water, contaminated by ooziings from sewers or vaults; putrescent exhalations from the lungs and skin. An unusual susceptibility has been observed in those suffering from foul air diseases. Also among those confined in small, ill-conditioned shops or rooms. Persons whose excreting organs; and particularly the kidneys, are impaired, are very liable to the influence of toxic agents, and this class are more easily affected by cholera and all epidemic infectious diseases. Various nervous diseases seem to predispose the patient. "The susceptibility to cholera resides in the organic nervous system, upon which the poison first makes its impression, producing innervation and altered action of the capillaries, giving rise in many instances to profuse exhalations, also morbid secretions from the mucous membranes, from which, probably, the infection arises." The susceptibility to cholera exists to the greatest extent in a community that has never felt its malign influence. Any violent and excessive emotion as of anger or grief, is hurtful. Irregular habits and indulgences beget a liability. Sudden chill when hot and perspiring, and exposure to night air, especially in miasmatic localities, create a susceptibility; likewise eating green, unripened fruit and vegetables.

CONTAGION—PORTABILITY.—Perhaps no phenomenon of Asiatic cholera has created more agitation and discussion in the medical world, than this much vexed question. Every species of evidence, *pro* and *con*, has been produced. Passion has lent its warmth to the hotly contested debate, and many there are who shut their eyes upon everything in any manner conflicting with their own cherished theories. The immense amount of research, observations, statistics, and evidence on this subject wrap us in the mists of uncertainty and renders a positive opinion impossible, or at least unsafe. Here, Hahnemann uses the peculiar emphasis of a reformer, earnestly denying the theory of non-contagion, or non-infection. Chapman asserts that "cholera is neither contagious or infectious in any sense whatsoever, except through the depressing influence of fear." The results of many investigations limit the spread of the malady to the lines of human travel and traffic. The fearful epidemic of Guadaloupe, W. I., was traced to the unpacking and exposure of cholera-infected clothing. It has been known to have occurred on board a vessel twenty-seven days out from a non-infected port. I have seen it sweep one side of a street for a distance of three squares, while the other side was entirely exempt. Whether it is contagious in the same manner as scarlatina or variola, or infectious as in close attendance on typhoid cases, we know that the system often quickly tolerates the poison, and that frequent exposure to the infection removes, in a great measure, susceptibility to the disease. Many persons, unprotected by vaccination, are unimpressed by contact with the contagious principles of variola, but they may carry the germs about with them, yet their immunity does not for a moment cast a doubt on the contagious character of the disease. Similar, I believe, is the contagion of cholera. Some inappreciable change or disturbance in the system presents those conditions of susceptibility, which may make the cholera fearfully contagious.

DIAGNOSIS.—Some writers have thought that they could detect vague analogies between cholera and epidemic influenza. Others, again, have discerned resemblances between it and the plague, and the "sweating sickness." But there is more dan-

ger of confounding it with irritant poisoning. The history of the case must be obtained, an analysis of the discharges must be made, which will sooner or later reveal the presence of the poison, if any. The burning and distress in the throat, in cholera, invariably commences *after* the vomiting. In cases of irritant poisoning, the vomiting is generally sanguinolent. Writers have compared, and very justly, the phenomena of cholera to the action of Arsenic and Tartar emetic. The absence or presence of the epidemic, the duration, and the character of the discharges will prevent confusion in cases of cholera morbus.

MORTALITY.—The epidemic of 1832 slew 32,000 persons, and that of 1848-49 destroyed 72,000 in Great Britain. The number of deaths per diem in Constantinople, during the late epidemic, varied from one to two thousand. But on this subject, I must quote from a lecture on the "*Treatment of Cholera*," delivered by Prof. Alonzo Clark, at the College of Physicians and Surgeons, New York—the recognized leader of the old school in that metropolis. I place the quotation under the caption of "Mortality," for his admissions reveal more truth than ordinary statistics: "The Opium treatment stands first, perhaps. Opium has frequently been given in very large doses, but has generally failed to cure, and it seems now to be the universal opinion of those who have had most experience in the disease, that except in the initiatory diarrhoea of cholera, it does harm rather than good." He continues: "*Opium may be given in moderate doses in the initiatory diarrhoea; but from large doses, which are apt to remain and then produce accumulative effects, only disastrous results can be expected.*" "No physician can approach a patient in the stage of cholera-collapse, with its striking features, pulselessness at the wrist, the violet-bluish discoloration of the skin, the coldness of the surface, the sunken eye, the cadaverous look and not have suggested to his mind the propriety of *powerful stimulation*. Hence, it is not astonishing that stimulants have been used with great freedom; but the results obtained, *without going into detail*, may be stated, that like Opium, except in small quantities during the initiatory diarrhoea, *they have not been found serviceable.*" He gives the following statistics as some of the results of bleeding: "Dr. Muller, of Riga, bled four persons, *they all died*; in ten others, there seems to be no harm done by it in four; and in twenty-three more, a favorable change seemed to take place in eight. Dr. Silvoni bled nine cases in impending collapse, *one recovered*. Dr. Bell, who advocates bleeding, reports that he bled 44 patients in the first stage. *Seven died*. Six bled in the verge of collapse, *all died*."

Of nine bled in collapse, seven died. Dr. Helva relates a case of collapse, in which relief (?) was obtained by taking *eight ounces* of blood by cups, *but the patient died five minutes afterwards*. Of 69 cases reported by Dr. Muller, bled during the stage of reaction, 48 died; of six patients in the same stage, with the consecutive fever and pneumonia of reaction, *all died*; of twelve not bled, seven recovered. This seems to dispose pretty effectually of bleeding in cholera.” “A drug which has been pretty extensively used, is *Calomel*. As far as my personal experience is concerned, I must confess that in general, as the phrase goes, *I have not had much luck with Calomel*. *I would not say that Calomel is an enemy of mankind, but say this, that it can be used less than it is, to the advantage of man*. Dr. B., of New Orleans, in 1849, in ten cases, gave from 120 to 150-180 grains in one dose, in one case half an ounce. This is sufficiently heroic. Four of these 10 cases were in collapse, *but all died*.” “Dr. Buell reports the success of sixty-grain doses of Calomel, in one of the New York hospitals, as 93 deaths in 100 cases—the largest mortality of any in the City.”

Such unusual candor renders unnecessary the study and comparison of unwieldy statistics. The Professor's frank confession of incompetency, of medical destructiveness, would shame the most murderous figures. He rounds off every prescription with death. But let us leave this ghostly chapter and turn to the enlightened system of therapeutics which has proved itself a boon and a blessing to the human race.

TREATMENT.—Before we enter upon the consideration of the homœopathic remedies, let us glance for a moment at the therapeutic resources of the outside medical world. The old leaders knew not which way to turn in the presence of the dread malady, which seemed to mock at all their efforts. Andral and Broussais, usually confident, were lost in doubt. A spirit of unusually mad empiricism seemed to sway the exponents and teachers of the regular school. In 1832, and again in 1849, the regular faculty of Philadelphia urged the use of Alcoholic drinks as a preventive of cholera, and fearful and disastrous were the consequences of such stupidity. Mustard emetics, the acids, the mineral salts, Croton oil, Catechu, Creosote, Quinine, Opium, Seidlitz powders, all were used and flung aside, and tried again. Cujeput oil commanded at one time fabulous prices. One would cure the muscular spasms of cholera by forced extension, while Dr. Gasson, of Ireland, removed the diarrhœa by plugging the anus. Sulphur was given to destroy the fungi; Chloroform to make

an impression on the ganglionic centres ; and Calomel, as of old, to assault the much abused liver. A pound and a half of Calomel has been given to a patient in the course of forty-eight hours. Bontius thought that *Lupus porcinus* was the specific. The infusion of saline solutions into the veins is regarded by many as exceedingly efficacious. Dr. Watson, of London, must have grown perfectly sardonic when writing of this practice ; he said, “—the temporary recovery might sometimes be of great importance : might allow a dying man to execute a will.” Again he says, “—excepting always the cases of preliminary diarrhœa, just as many, though not perhaps, the same individuals, would probably have survived had no medication whatever been practiced.” Eberle thought that there was something very analogous between the effects of choleric cause, and those which result from mineral poisons, particularly Arsenic.”

The following passage occurs in Braithwaite's Retrospect. Epitome, Vol. I, page 361, in reference to the treatment of the precursory diarrhœa : “Do not instantly check the diarrhœa, as it is possible that the poison is passing off by the intestines. But moderate the irritation by gentle opiates : act upon the skin and kidneys ; give plenty of demulcent drinks, *and order a shroud for immediate dressing.*” Da Costa cries out that “Its epidemic visitations are what the plague was to Europe in the seventeenth century, and what yellow fever still is to the inhabitants of this continent. It is at least as dangerous ; its nature is as hidden ; its management quite as unsatisfactory.” “The experience of the past will not have been lost, if on looking over its various modes of treatment, we can reject what has been useless, and are able to say, ‘from this point we can start anew, and then go forward.’” The anxious student of allopathy, eager for light and instruction, receives the above from Alonzo Clark, M. D., and turns away disappointed and alarmed, to seek comfort and assurance in other authorities. Alas ! The first volume he opens is “Wood's Practice,” and the following sentence meets his horrified gaze : “The plans of treatment which have been employed in Asiatic cholera are almost as numerous as the combinations of which remedies are susceptible ; and, judging from the reports upon a great scale, there seems to have been little difference in the results ; for the proportion has generally varied from $\frac{1}{2}$ to $\frac{1}{3}$ per cent, no matter what was the locality, or what were the means resorted to.” But enough. With a sensation of relief I turn to our more perfect system. Strong in its simplicity, in its purity and directness, it possesses resources without number.

Successful encounters with past epidemics have taught us that with such remedies as *Camphor*, *Cuprum*, *Arsenicum* and *Veratrum*, with *Digitalis*, *Carbo vegetabilis*, *Cantharis* and *Aconitum* we can save two-thirds of our cholera patients. I will not condescend to repeat the oft quoted statistics in substantiation. The public, the intelligent, thinking public, long since accepted the truth, and non-conformists knowing it, too, sought no explanation. *Pulsatilla*, *Phosphoric acid*, *Secale*, *Cicuta*, *China*, *Ipecac*, *Hyosciamus*, and all the resources of a *Materia Medica* only in its dawning. *Camphor* is peculiarly adapted to the first stage of the malady, yet it may render eminent service throughout its course. The proving of this drug presents a striking picture of Asiatic cholera. Two or three drops of the spirits or tincture on a little sugar every five, ten, fifteen or twenty minutes, or every hour or two hours, according to the urgency of the symptoms. *Veratrum*, in drop doses of the tincture, or first dilution, given frequently when distension, burning, and sensibility at the hypochondria are excessive; cramps in the inferior extremities; blueness, coldness, and clammy sweat; spasmodic contraction of the muscles of the neck. *Cuprum* in excessive spasms, difficult, hurried breathing, lock-jaw. *Arsenicum*, intense gastric irritation, diarrhœa with vomiting, great restlessness. Reference to our repertories will show the full and particular group of symptoms peculiar to each drug. If recourse be had to heat and friction, their application should be made very gently, for the patient will quickly complain of distressing heat and burning of the surface. The re-action must be carefully guarded or sudden oppression of the brain may be induced. Cold water must be denied to the unnatural thirst of the patient, for its indulgence will provoke the diarrhœa, if arrested, or sustain it if still unchecked. Particles of ice may be placed in a bag made for the purpose, and given to the patient to hold in his mouth. Convalescents should be as careful in their diet as are persons just rescued from starvation. It is necessary to avoid distention of the stomach with food or drinks for a long period after recovery. The diet prescribed in acute dyspepsia would be appropriate here. As to prophylactics against cholera, perhaps none are so efficacious as *Camphor* and *Cuprum*. If taken as simple preventives, the doses should be very small, and taken only after long intervals, as for instance, twice or three times a week. It is a well-known fact—one known and recognized by all schools—that workers in Copper have enjoyed almost perfect exemption during cholera epidemics. People have worn, and do wear, little plates of Copper about them as preventives. Per-

fectly fermented cider, ripe fruits and vegetables are beneficial. The waters of some Sulphur Springs have been observed to be prophylactic. Personal cleanliness must be observed. People should avoid the abrupt changes which fear too often dictates. Death will often interrupt a hurried flight, and the sudden change of water, diet and climate invite attack.

Reforms now become dangerous, and if evil habits have been acquired, a strict moral pruning might entail physical destruction. Sanitary measures carefully enforced by municipal authority, may and do, deprive cholera of much of its malignancy. House-to-house examinations should be rigidly observed, and every nuisance of whatever kind, be immediately abated. Disinfectants should be used freely in vaults, lanes and private houses. Yet, if, as we have often found, the cholera steals in among us in defiance of every precaution, we must accept it with a resignation not cowardly or abject, but christian-like.

INDIGENOUS REMEDIES.

BY L. M. JONES, M. D.

Read before the Michigan Homœopathic Institute, June 19th, 1866.

I will report a few cases cured with indigenous remedies, where the old and tried remedies had only partially relieved or entirely failed. I could also report cases where the new indigenous remedies have failed and our old remedies have finally entirely cured. But my object in this paper is to point out a few of very many recorded cases within the last twelve months where the old remedies have been thoroughly tried and failed, and after this were cured with indigenous.

CASE 1.—Mrs. E., aged 22 years, fair complexion, nervous and bilious temperament, good constitution, formerly robust and healthy; been married four years, had two children; recovered rapidly from the confinements, as she informed me. Six weeks after her second confinement she was taken with a shortness of breath at times, and at others with hard and laborious breathing, and rapid prostration of the system generally. (I use her own language.) An allopathist was called

and pronounced the disease incurable consumption of lungs and blood. (I still quote her language, as she received it from her *regular*.) At times she felt somewhat better and quite encouraged, and hoped to get well under his treatment; but in this she was doomed to disappointment, and found herself gradually failing; disappointed and disheartened, and after a trial of four long months, her husband and friends concluded to send for a homœopath. Accordingly I was sent for. I found a true case of asthma, together with a nursing sore mouth. I gave her *Arsenicum album* 3d, and *Copaiva* 3d, in alternation, a dose every hour, for four days, except sleeping time. For the next five days I gave her *Phosphoric acid* and *Ipecacuanha*, which entirely cured her asthma, (the allopathic consumption) and since that time (now eight months) she has scarcely had a symptom of that disease. During the time the disease in the mouth continued to increase. I gave her *Mercurius*, *Veratrum*, *Arsenicum album*, *Secale cornutum*, and all the various old remedies, both at the high and low dilutions. The trouble increased, so much so that I was quite fearful of the result, as the disease now seemed to be extremely bad in the mouth, on the gums, and extended down the throat to the stomach and bowels, with a troublesome diarrhœa. After giving pure pellets for one week, I gave *Eupatorium aromaticum* (white snake root,) and *Hydrastis canadensis*, in alternation, a dose every two hours, through the day. All the symptoms better in four days; in ten days no diarrhœa; all the symptoms improving. Continued same medicines, at longer intervals, for four weeks, at which time she had entirely recovered, and remains well up to this time, now over six months. The cure was completed without weaning the child.

CASE 2.—Mrs. W., aged 31 years, dark complexion, bilious temperament, good constitution, and generally healthy. When her fourth child was eight months old she was taken with a nursing sore mouth, small ulcers on the cheeks, inside, and on the tongue; and the gums, fauces and throat covered with a white canker deposit, seemingly two distinct diseases. After four weeks' trial with the usual old remedies, with the disease very bad and increasing, I gave her *Eupatorium aromaticum*

and *Cornus circinata* (green osier). A perfect cure in four days.

(The last remedy I am now proving, and from the present indications, I expect to report, at some future time, after a full and thorough proving, a remedy that probably cannot be superseded by any known medicine in the treatment of apthæ, thrush or nursing sore mouth, and also for the spurious diphtheria, which has been so prevalent in many parts of our country.)

CASE 3.—Mrs. W., aged 28, fair complexion, nervous temperament, very weak constitution, predisposed to disease of the lungs, six years since came very near dying with lung fever. Last winter was taken with chills, a fever and chill every day, followed with fever from six to eight hours. I give her *Arsenicum album* and *China*, *Nux* for chill and *Aconite* for fever. Cured in six days. Five weeks after the family moved to another farm, in bad weather in March; the woman commenced having chills and fever, as previously. I gave her the same remedies, with no perceptible effect. I tried all the old remedies, in high and low dilutions and, to satisfy her friends, I gave large doses of Quinine. All did not interfere with or arrest the chills and fever in the least. After six weeks of the above treatment, I gave her *Eupatorium perfoliatum*, a dose every two hours, during intermission, *Nux* during chill, and *Baptisia tinctoria* for fever. Cured in four days.

CASE 4.—Mr. M., a laborer, had chills and fever last November; is of a bilious temperament, but light complexion, naturally of a frail constitution; age 33 years. Well as usual through the winter; early in the spring chills commenced, of a tertian type, same as last fall. *Arsenicum album*, *China*, *Nux*, *Aconite*, *Carbo vegetabilis*, and then large doses of Quinine. All failed to break up the chills. Pure pellets for six days, then *Eupatorium perfoliatum*, during intermission; *Nux* for chills, *Baptisia tinctoria* for fever. Cured entirely in three days, except the debility, he having but one paroxysm of chill and fever after commencing the last treatment.

CASE 5.—Mrs. P., age 46, fair complexion, nervous temperament. For twenty years had suffered more or less with constant pain in the chest, around the heart, with occasional par-

oxysms of palpitation. The disease continued to increase, year by year, under the best [allopathic treatment, until the paroxysms became frequent. Great suffocation, constant laborious breathing, loss of appetite, prostration; so much so that the least exercise would almost produce suffocation, and when I was called her limbs were very much swollen and a puffy appearance of the system generally. I gave her Aconite, Digitalis, Nux vomica, Arsenicum album, and some other remedies, with quite considerable benefit, but did not remove the pain in the heart or the puffiness and swelling. I now gave her Cactus and Arsenicum album in alternation, a dose every three hours. The symptoms were all better in ten days, and in three weeks the pain had left; very soon the swelling was gone, and she was attending to her household affairs with ease, and remarked that she felt perfectly well.

GALIUM APERINUM.

Hard Nodulated Tumor of the Tongue, apparently of a Cancerous nature, which disappeared under the use of Galium aperinum, by F. A. Balley, F. R. S. C.

Jane C—, a married woman, æt. 60, residing at Ramsbury, in Wiltshire, was admitted into the hospital April 5th, 1864, on account of a hard, firm, somewhat circumscribed tumor of about the size of a boy's marble flattened, imbedded in the substance of the tongue, on the right side, about an inch from its apex, which had been gradually increasing in size since she first observed it, five weeks before, when it was about as large as a hemp seed.

The upper surface was nodulated and uneven, and the swelling generally had the appearance and feel of a scirrhus formation in the organ. It had all along been extremely painful, so much so as entirely to prevent her sleeping at night; it was exquisitely tender to the touch when handled, and latterly she had experienced a throbbing, beating pain in it, which had induced her to think it was about to burst. There was no appearance of its having been caused by injury to the tongue through a decayed tooth. She had always been in the habit of living tolerably well, but had been suffering a good deal from general debility and languor for some time before the commencement of the swelling. Her countenance did not indicate any peculiar cachectic condition of the system, and there was no history of any hereditary cancerous taint in her family. The tumor had increased rather rapidly lately, and she was quite unable to masticate solid food on account of the pain it induced, which had added much to her original weakness.

She was ordered to have strong cold beef-tea frequently during the day for diet, with a pint of porter daily, and to take the following medicine:—R. Extract Galii Aperini Solidi, two ounces; Aquæ Ad. half pound. M. ft. extract fluid. Of this extract a drachm and a half was given twice a day in a wineglassful of water. She was also ordered to use the above mixture as a warm lotion to the mouth sev-

eral times during the day, keeping it in the mouth for some time during each application.

A month after her admission she had completely recovered from the languor and debility under which she had previously been suffering; her face, instead of being pallid and sallow, had recovered a healthy and somewhat florid appearance, which was natural to her; the pain in the tumor had been gradually diminishing, and the tumor itself had become so much reduced in size as to be scarcely discernible to the touch, and as she was now able to take solid food without discomfort and with an appetite, she was at the end of five weeks, discharged from the hospital. A fortnight afterwards, having continued the remedies prescribed, she presented herself as an out-patient, when it was found that the tumor had entirely disappeared, and the tongue had recovered its natural structure and appearance.

There are, doubtless, some swellings occasionally occurring in the tongue which are of a comparatively innocent nature, and which usually give way to very simple treatment. Professor Fergusson, in his "Epitome of Surgery," speaking on this subject, remarks,—“Sometimes it is necessary to remove portions of the tongue for supposed scirrhus indurations or cancerous ulcers. Before, however, resorting to mutilations of this organ, it will be well to ascertain the effect of various local remedies and of constitutional treatment in such cases. The mucous membrane here sympathises in a remarkable manner with functional derangement of digestive organs, and often, when it may be least expected, a change of treatment will avert all cause of alarm.” It might be thought that such was the case in the present instance; but there was something about the appearance of the swelling—its density and painful nature from the beginning, and its nodulated surface—which led me to believe that it must either have been a true scirrhus formation in the part, or an epithelial growth of unusual hardness (either of which might have become equally dangerous by destructive ulceration), especially as I was afterwards informed by the patient that an experienced practitioner in the town where she lived had considered her disease to be of a malignant character, and had recommended her to apply for admission into the Cancer Hospital, for the purpose of its more effectual treatment by operation or otherwise.

The *Galium aperinum*, or cleavers has long been employed as a popular remedy in cancerous affections. Some years ago Dr. Wynn directed the attention of the profession to the remarkable effects he had observed from its use in the treatment of some inveterate cutaneous affections which had come under his notice, and related several cases in the *Medical Times and Gazette*, which clearly showed that it was a remedy of considerable efficacy in such diseases, and more recently Dr. Ogle has published some interesting cases of epilepsy in which its employment had been followed by the most successful results. Like many other recent vegetable juices, it appears to have the power of correcting that peculiar dyscrasy of the blood which is found to prevail more or less in all cases of cancerous disease, whatever form it may assume, acting, I suppose, in the same manner as the same kind of remedy seems to act in scurvy, by altering and improving the disintegrated and broken-down condition of the blood which always accompanies that disease, and restoring to it its natural healthy state.

I have for many years past been in the habit of employing this remedy in the treatment of cancerous affections of different kinds in my hospital practice, and have not failed to observe that in some cases it has seemed to favor the production of healthy granulations on the ulcerated surface, whilst in others complete cicatrization has ensued, and having performed operations for the extirpation of some tumors under these favorable circumstances, I have reason to believe that in these instances the disease has not returned, at least to my knowledge, the patient having, of course, persevered in the use of a remedy for a considerable time after the operation; and although I do not consider that the remedy is capable in every case of effecting the resorption or removal of already existing cancerous deposits, I still believe, from what I have observed, that it has the power of suspending, or at least modifying, in some measure, the cancerous action going on in the system, and thus placing the patient in a more favorable position for the performance of an operation for the removal of the local disease, either by the knife or the application of caustic. It appears to me to be quite contrary to reason to expect that an operation can be certainly, or even commonly successful, when performed while the ca

cerous action is proceeding unchecked in the system ; and as, according to our present knowledge on the subject, we are not in possession of any certain means of arresting its constitutional progress, it is not surprising that the disease should so frequently return, either in the part itself, in the neighboring glands, or in some organ at a distance predisposed by some accidental irritation to become the seat of a cancerous deposit.

That Nature occasionally exercises a power of arresting or suspending the cancerous action in the system for a long period, and even altogether, the records of surgery fully prove, and it is not too much to hope that sooner or later some remedy may be discovered which may be capable of imitating the operations of Nature in this respect, and that thus a class of cases hitherto deemed to be almost beyond the resources of our art, may ultimately become amenable to some rational mode of constitutional treatment.—*Medical Times and Gazette*, July 30, 1864.

HYDRASTIS CANADENSIS.

Hydrastis Canadensis in Jaundice, caused by Functional Disease of the Liver.

Dr. J. A. Albertson reports the following :

Oct, 7th, 1864.—Mr, L——, aged 40, called upon me, complaining of severe pains in stomach and bowels, also constipation and loss of appetite. I prescribed Nux and afterwards Podophyllin without benefit. Very soon jaundice began to appear and developed a serious case ; skin and eyes were of a dark greenish yellow ; urine very dark ; fæces quite light colored, extreme prostration of the whole system. I at first thought that the pains were caused by obstruction of the gall duct, but finally concluded that such was not the case, as they gradually abated when the disease became fully developed. After two weeks treatment, during which time the patient received Nux vomica, Podophyllin, Mercurius, Leptandrin, Digitalis, Phosphorus and China. All the time getting worse, I became somewhat alarmed, and in looking over the case anew, came upon “Coe’s remarks on the action of the liver,” page 258, 1st edition “New Remedies,” which determined me to try it in this obstinate case. I accordingly prescribed it in mother tincture, five drops three times a day. The patient began to improve very soon, and was discharged cured in 10 days.

The same patient had a slight attack since, which was cured readily by the same remedy.

Since treating the above case, I have had perhaps 20 similar cases, which I have cured in from one to two weeks, with Hydrastis, in doses ranging from the first dilution to five drops of the mother

tincture, three times a day. Occasionally when some complication imperatively called for some other remedy, I have alternated a few drops of the proper one with Hydrastis, the principal, and in many cases the sole remedy, and it has not disappointed me. I have not used it in cases where I was absolutely certain there was structural disease of the liver, but am quite confident it must be of use in at least chronic cases of structural disease producing jaundice, since it is so efficacious in functional derangements producing the same disease. I should, in such a case, unless the symptoms very plainly called for some other remedy, resort to Hydrastis with confidence of good resulting from its use.

It must have been homœopathic to the symptoms and cases above, or it would not have cured them so readily and completely, and future heroic and careful provings, will undoubtedly confirm the truth of its homœopathic action in jaundice.

Dr. Logan, of Ottawa, C. W., reports of the use of Hydrastis can., in cancer of the right mamma :

"The patient was over 60 years of age, poor and badly provided for, had been suffering for many months. With the exception of a small part of the circumference, the gland was destroyed. The edges presented a ragged appearance, irregular cones seen through the ulcerative surface. Being averse to an operation, it occurred to me that I should try the Hydrastis, not with the object of restoring the gland, but to ascertain, if possible, the effect of the drug on the ulcerative process. Gave Hydrastis 1st, three times a day, (ten drops.) and applied the dry powder (spread over a slippery elm poultice) to the diseased part. At first it produced some pain, but in a few days the burning pain—formerly a constant attendant—was entirely gone. Healthy granulations made their appearance, and the healing process was going on favorably. Unfortunately the patient was not in a condition to have proper care and nourishment, and, in consequence, was sent to the hospital, which is under the charge of the opposite school, so I am unable to say what the result might have been. I am inclined to attach some value to this remedy in *open cancer*."

The testimony of Dr. Hastings, relative to the efficacy of Hydrastis in cancers, is not so favorable. He says: * Having for some considerable time used Hydrastis in cancer cases, I think I may without any presumption make some remarks thereon. I have now for

* British Journal of Homœopathy, volume 18, page 316.

upwards of 18 months prescribed it in about 20 cases of cancers, viz : Cancers of the tongue, breast, lip, hand, etc., in a variety of forms, from high to low dilutions ; applied it externally, as Dr. Pattison does, and even by his directions, having twice sent patients for his advice, and I regret to say in no single instance has it effected a cure, nor even appeared to check the disease. * * In one or two cases it did seem at first to have some power of arresting the disease, but this was of short duration. * * It is no doubt a powerful medicine, but whether it will cure cancer in any of its stages, is very questionable, at least according to my experience of it.

This was written in 1860, and if Dr. Hastings had found it useful, he would most probably have informed the profession.

Dr. T. B. Brown, of Binghamton, N. Y., reports the following cases of constipation and piles, treated with Hydrastis :

“ Mrs. B—, aged 32; blue eyes, light hair, fair complexion ; mother of two children, the youngest six years old ; for three years years has had painful piles, with attacks of headache and constipation ; severe smarting, burning pains in the rectum during and for some hours after each stool ; colic pains, with fainting turns, and heat in the bowels, often followed her passages when she had been some days constipated. Two physicians of the old school and one of the new, had tried to cure her. Having removed similar symptoms in a patient six months before (case No. 1 Mrs. H.) I decided to give Hydrastis canadensis to this patient, in the same dose and strength as I did to Mrs. H. In 10 days after taking the Hydrastis, she had a passage without pain, and in three weeks was cured. Has had no return of her disease. It is one year since she took the remedy. For fifteen years has drank tea and coffee.”

Dr. H. B. Clark, of New Bedford, Mass., reports the following clinical notes on Hydrastis Canadensis in constipation :

Case 1.—In August 1865, I was called in consultation in the case of a lady of 40, who had malignant disease of the ascending colon which had caused obstinate constipation for a long time, and finally terminated in complete obstruction of the bowel.

At the time I first saw her, there had been no spontaneous action of the bowels for about two months. Evacuations of small masses of hardened fæcal matter had been obtained by injections, two or three times a week. She had taken the usual homœopathic remedies for constipation, and had taken castor oil, which was vomited.

One drop of *Hydrastis canadensis* $\frac{1}{10}$, was followed by a spontaneous action of the bowels after 12 hours. Subsequent doses did not succeed in procuring an evacuation, but they seemed to render the action of the injections more efficient.

The patient died about four weeks later, without having had another spontaneous action of the bowels, although a few days before her death she was subjected to terrible torture by some Allopathic practitioners, who—doubting the existence of the tumor which I had described, and which a post-mortem examination revealed—tried to force a passage with cathartic medicines.

Case 2.—A lady about 20, dark hair and eyes, delicate figure, but energetic and strong, applied to me in May, 1865, on account of constipation and piles.

She was at the second month of her third pregnancy. Under old school treatment she had suffered very much from the same trouble during her previous pregnancies. She was now only able to secure a movement of the bowels by an injection. There were severe pains when at stool; no bleeding.

Gave *Nux vomica* for four weeks, first in the third, and then in the first, without success.

Hydrastis canadensis $\frac{1}{10}$, in two-drop doses at night, relieved her promptly, and after an occasional use of the medicine for two or three months, the bowels acquired a regular and natural habit that lasted until her confinement.

Dr. Gilchrist, of Philadelphia, reports two cases of ulcers of the legs, cured by *Hydrastis*:

“October 23d, 1865.—Commenced treating J. B. Mill, operative, aged 35, habits moderately temperate; has three large ulcers on the leg, each one of which seems to belong to a separate class. They are situated around the ankle, and have existed for upwards of two months. The one in front is circular, high elevated edges slightly rounded, irregular base, inflamed skin around it, bleeds readily, and discharges a thin corrosive ichor. The one on the outside is circular, clean, sharp-cut edges, deep, smooth shining base, but with an ichorous discharge. The inside one is the largest, it is ragged and irregular, very deep, rough base, high rounded and swollen edges at the upper edge, sharp and well defined at the lower; has a discharge of greyish, putrid, rather thick pus, and has one or two patches of large, flabby, pale granulations. These sores are all on the right leg, around the ankle, and increase in size from one (1) to two and a half ($2\frac{1}{2}$)

inches in diameter, the one in front being the smallest, and the inside one the largest. The skin between the sores, and for some distance both above and below, is much inflamed; pain on motion of the ankle, from heat, and from the warmth of the bed; on stepping on the ground with that foot, there is a pricking sensation in the sores, and on sitting down to rest after motion, there is a shooting or lancinating pain in the ulcers.

Tried a great number of remedies at various times, but with no very gratifying results. At last determined to try *Hydrastis canadensis*, as it had cured an inflamed ulcer in the same street a day or two before. Ordered a handful of the root to be put into about three tea-cups full of water, and after it had assumed the proper color, (one or two days,) to dip pieces of soft linen into it, and apply them to the sores. This was done, and from the very first application, improvement was apparent. This was on December 15th, 1865.

To-day the sores are entirely closed, with a thin horny scale over the old site, which is peeling off; but the *Hydrastis* has caused the appearance of an eruption, which I can hardly describe. It is an eruption of pimples, cone-shaped, which on the top look bloody, or as if the skin had been rubbed off; they appear on a deeply inflamed integument, are smarting and itching; cold water or cold applications allay this.

I have seen an almost identical eruption on the persons of those who work on the salt pans in the West Indies. On suspending the use of the *Hydrastis*, this will disappear, only to be reproduced on its use.

January 4th, 1866.—Have not used the remedy since December 30th, and to-day I find the ulcers entirely closed, skin natural, and no signs of the eruption.”

Dr T. B. Brown reports a case illustrative of its beneficial effects :

“Mrs. H——, age 26; light hair, pale complexion, and of feeble constitution; has from childhood drank tea; for ten or twelve years has had attacks of headache with constipation. Three weeks after the birth of her first and only child, she was attacked while at stool, with pains and soreness of the rectum and anus; burning smarting pains very severe, continuing, often six or eight hours after each stool, with a hot sensation in the bowels, also colic and faintness. She has only one or two stools a week, very hard and of a natural color. She has no falling of the rectum or but little pain in that

region, except at the time her bowels move, and for several hours following.

Her symptoms remained unchanged for two months under the use of Ignatia, Nux vomica, Pulsatilla, Sulphur, Nitric acid, warm water injections, and warm hip baths.

On turning my attention to the new remedies for assistance in this case, I selected Hydrastis canadensis as being the most appropriate. I gave the tincture, having no other form of the remedy at hand. Three drops in half a glass of cold soft water, one table-spoonful taken every six hours.

In two weeks the pains in the rectum was wholly removed, and her bowels regulated. Her colic, faintness and heat in the abdomen also soon disappeared, leaving her well. It is now one year and six months since she took the Hydrastis, and as yet no return of her former symptoms."

Dr. T. B. Brown reports the following case :

"Mr. J. B., aged 28; blue eyes, light hair and fair complexion; An unmarried man, who for ten years has been much given to wine and women. Has had three attacks of epileptic spasms, during the past four years. Uses freely of tobacco, tea, coffee, beer, and many times liquor. Has had gonorrhœa three times; was two or three months in getting cured of each attack. Did not try homœopathic treatment in either instance, but used injections and took various drugs. He called on me to treat him for his fourth gonorrhœa about six months since. He had been eight days with the disease before I saw him. His symptoms were about like all such cases, except a feeling of debility and faintness coming on after each passage from his bowels. He said he called on me "*to be cured without injection or nasty tasting medicines.*" I resolved to try Hydrastis canadensis, for the reason that he complained of faintness after his stools. I gave him a half ounce vial of the tincture; dose, five drops on a lump of crust sugar every six hours, I requested him to wash his penis in warm water morning and evening. In fifteen days he was cured of his gonorrhœa and faintness.

Dr. A. E. Horton, of East Poultney, Rutland Co., Vt., writes:

"I was attacked about the middle of January, with acute catarrhal ophthalmia, the result of daily exposure to the harsh dry winds that have occurred most of the time for the last two months in this region. The attack was mild at the commencement, but steadily increased day after day, until at the end of two weeks I was nearly incapacitated.

tated for business; however I managed by bathing the eyes steadily with cold water, through the evening and fore part of each night, to subdue the inflammation so that I could make my daily round of visits during the succeeding four or five days; but each ingress the inflammation was worse than the preceeding, and at this time it had extended nearly to the border of the iris; the eyelids were so swollen and the catarrhal secretion so abundant that I was nearly blinded. I made up my mind I must suspend business or I should lose my eyesight. I concluded at this time to make a thorough trial of the Hydrastis, remembering the many cases of chronic ophthalmia that I had cured with it. Accordingly I made a solution of one grain of the first decimal trituration of the muriate of Hydrastin in two drams of water, and applied a few drops directly to the eyes every hour or two. I also prepared a cerate of the same and applied to the excoriated lids. The effect was very soothing, even more so than opium could have been. At the end of forty-eight hours my eyes were so much better that I commenced business again, and have had no occasion to stop since. I have applied the remedy once or twice daily since, and at the time I am writing, three weeks later, the inflammation has all disappeared, and my eyes are as well and strong as ever."

Hydrastis canadensis in a case of Erysipelas, by E. B. Warren, M. D., of Middlefield, N. Y.:

"I was called on the 6th of June, to see G—— H——, a man 50 years of age; bilious temperament strongly predominating. He had been treated allopathically three years and a half without any good results, and was finally discharged as an incurable case. On examination I found him suffering extremely with acute erysipelatous inflammation of the left leg. There was considerable fever, with hot, dry skin, extensive œdema of the foot and ankle, together with large yellowish looking vessels filled with a limpid fluid, and symptoms indicating a tendency to the brain. I accordingly gave him Aconite and Rhus toxicodendron in alternation, every two hours; cold water dressings to the parts, and directed a careful diet. He was kept under these remedies for a week, as none better seemed to be indicated. Most of the symptoms were slightly modified, and yet there was not that improvement that I had anticipated. The skin now began to assume a dark purplish hue, with heat and tingling aggravated by movement. I gave Aconite and Belladonna in alternation every two hours, and water dressings as before, and notwithstanding the careful administration of these benign remedies, another week, but little good

had been accomplished. As no other remedies were homœopathically indicated, I continued the Aconite and Belladonna alternated every two hours, and applied externally as an infusion, Hydrastis canadensis, in proportion of twenty grains of the Pulvis hydrastis, to thirty-two fluid ounces of Aqua. The happiest results followed its application. His convalescence was rapid and unimpeded, and on the 17th day of July I discharged him comparatively a well man.

I am now using the Hydrastis in less formidable cases both internally and externally with results truly remarkable.

Dr. C. C. Smith, of Stamford, Conn., reports the following case wherein this medicine was used in Diphtheria :

"The disease came on in the usual way. Under the use of Nitricum acidum, Belladonna, and Capsicum the throat was cured in a very short time, the false membrane clearing off nicely. But about the period when I was looking for the time to arrive when the patient (a girl of 14) should be well on the road to health, I was not a little surprised to discover the diphtheritic membrane forming in the left nostril, and in the vagina, the former being completely plugged up. I was at a loss to know the proper remedy, (similia,) in this new phase of the disease. I could not expect much from a continuance of the medicines already used, for although they removed the throat symptoms, they had not reached the essence of the disease, which it was plain to see was still lurking in the system.

Having read somewhere, and at that moment calling it to mind, that Hydrastis possessed the power of producing a false membrane upon all mucous surfaces, I at once administered this drug both externally and internally, in the first decimal dilution, the outward application being brought in contact with the parts by means of a camel-hair brush, while teaspoonful doses of a solution of six drops of the above potency in a half tumbler of water was given every hour. Very soon the false membrane began to shrink up and soon came away—the cure was rapid and complete."

Dr. Eadon, of Banbury, England, reports the following cases of scrofulous ulcers of the leg:

"John K., Friends' school, Oxford, England, a young gentleman aged 18, had suffered long from scrofulous ulcers on the ankle and foot. When first seen, the cachectic diathesis was strongly visible, and consumption appeared imminent. He had three ulcers, all discharging pus and sanious matter, one in the hollow of the sole of the

foot, the other two over the tarsal and metatarsal bones. The patient was ordered Hydrastis three times a day; and the ulcers, being well cleansed, were dressed with cloths dipped in Hydrastis lotion and changed as often as needful. This was the sole treatment, except an occasional Sulphur powder as an inter-current remedy. At once, improvement set in; the appetite returned, a ruddy hue again mantled the cheeks, the melancholy look took to itself wings and flew away; hope resumed her station at the helm of his ship of life, and in due time, directed it safely to the harbor of health. The ulcers gradually healed up, the stick was thrown aside, and in three or four months the patient was well. The other day, Dec. 16th, 1864, I met with him at the railway station on his way to Oxford, without a stick, and in the enjoyment of perfect health.

Case 2d.—A lady aged about 70, had that kind of sore leg peculiar to the sex, in middle and in advanced life. The appearance was a bright efflorescence from the patella to the bend of the foot; scaly skin slightly broken here and there, with a little serous moisture, having in some places a jagged and cracked appearance. Hydrastis lotion was applied by means of bandages and oil skin, and the same taken as medicine. Being the first trial of homœopathy this case had its anxieties. The improvement was not so marked at first, but still encouraging. The treatment was continued, reducing the inflammation and alleviating the intolerable itching. Still the dryness and fissure-like appearance continued in certain parts. A glycerole of Hydrastis was now ordered. A softness of the skin at once supervened, the roseate hue faded away, the cracks vanished, the skin assumed its natural color and the legs became well."

For the American Homœopathic Observer.

PROLAPSUS UTERI OF NINE YEAR'S STANDING, CURED.

BY C. H. LEE, M. D.

April 7th, 1866.—Mrs, R.—married, aged 38, has four children. Has had prolapsed uterus since the birth of the first child, nine years ago. The uterus and vagina is prolapsed, and is the size of a small cocoa nut. She cannot keep it in its place except at night when she goes to bed. She replaces it just before going to bed; after rising in the morning, the uterus prolapses about 8 o'clock, and remains so until night, replacing it as before. The uterus is very much inflamed

and swollen, is very painful to the touch, she can hardly do her work, and walks with her legs spread out.

The symptoms were as follows : Sense of weight in the anus like a ball ; the uterus feels heavy as if it would fall away from her ; sharp, shooting pains running up in the vagina into the uterus ; she feels as if the uterus was going to slip out, and has to cross her legs ; has constipation, with severe pain in the back, as if bruised—worse on pressure and contact. Gave Sepia, 10th, eight powders, a powder to be taken at night on going to bed.

April 15th.—Is better after taking the third powder, no prolapsus ; feels better every way, except the constipation and the bruised pain in the back, which is worse on pressure or by contact. Gave Nux vomica, 5th, eight powders, a powder to be taken at night on going to bed.

April 26th.—She states that she is perfectly well, no back-ache, stools normal, says she feels better than she has felt before for fifteen years back, having been in delicate health before marriage.

For the American Homœopathic Observer.

CIMICIFUGA RACEMOSA IN DELIRIUM TREMENS.

BY GEO. B. PALMER, M. D.

In the absence of any formal essay, I shall only present for your consideration, some very brief thoughts, the result of experience in regard to the use of *Cimicifuga racemosa*, in delirium tremens potatorum. It is not my design to enter into any pathological or *diagnostic* description of this disease ; it is unfortunately too well known. Its treatment has sometimes been perplexing to homœopaths ; I have found it so, and in conversation with other physicians, have learned that they have met the same difficulties. The allopathist administers massive doses of opium or its alkaloids and thus induces stupor, which passes for cure. The remedies laid down in the books are Opium, Nux vomica, Hyoscyamus niger, etc. ; but after having used them one and all, in various dilutions, I must say that I have not always found it easy to quiet the raving and excitement, and relieve my patient. One reason of difficulty probably is, that such cases rarely come into our hands, until the disease is fairly developed, consequently more difficult to cure. In the premonitory stage, I have found that Nux vomica and Opium generally relieve ; but even here

the *Cimicifuga* is a more valuable remedy, while in the later stages of actual delirium, it always acts promptly and favorably.

This remedy was proved by myself and other members of the class of 1855-56, at the Western Homœopathic College, and that proving, though only partial, elicited enough to point to it as a valuable remedy in the treatment of this distressing malady, as well as to show it valuable for other diseases, also. The record of this proving, revised and arranged by Prof. Douglas, is incorporated into the second edition of "Dr. Hale's New Remedies." Some of the more prominent indications pointing to this disease are as follows: "Heavy pain in the head with fullness and throbbing; pain extending through the head, from the eyes back, with a feeling as if the nerves were excited to the utmost; sensation as if the temples were compressed; head feels as if he had been on a "spree;" (this symptom by three provers,) brain feels too large for the cranium; very restless, but little sleep; feels unrefreshed; frightful dreams; a sense of fear, and a dread that something terrible is about to happen; nausea; retching; dilated pupils; eyes congested and swollen; tremor of the limbs; (a constant symptom) incessant talking, constantly changing from one subject to another without any order; perfectly sensible when his attention is aroused, although immediately relapsing into vagaries; great wakefulness. He imagines strange objects in his room, or on his bed, such as rats, mice and insects, or that strange persons are present. There is constant thirst, dryness of the fauces, etc. These indications present a very fair picture of the prominent symptoms of this disease, and I am confident that a more complete proving would develop a much more marked type of the malady. But clinical experience has already demonstrated its value as a remedy, and marks it as one of the *most efficacious* to subdue the irritation of the brain and nervous system during the course of this disease. I have used it in several cases, and in every instance with good effect. I have sometimes alternated it with *Nux vomica* or *Opium*, but for the last four years have invariably used it alone. Many times no other remedy is required. I have most frequently used the preparation known as *Macroton* (*Cimicifugin*), $\frac{1}{10}$, three grains dissolved in half a teacup of water, and a teaspoonful given from every half hour to two hours, until the desired result is obtained. There is one query in connection with the disease: Does not the almost universal adulteration of liquors produce a marked effect in changing the manifestation of this disease? Certain it is to me that the treatment of older books will not prove effectual in the disease as it now presents itself.

For the American Homœopathic Observer.

IRIS VERSICOLOR.

BY C. ALEX. GARNSEY, M. D.

I am quite happy to second Dr. Burt, in regard to the remedial powers of this agent. It has given me more satisfaction in those obstinate skin diseases, especially in children of strumous habits, than any other remedy. Since my attention was first called to the Blue flag, in "New Remedies," I have been in the constant employment of it. I never see a case of psora, herpes, or any of the nosological varieties of skin diseases, but I immediately think of Iris.

I find in this region, four varieties of flag: The *Iris Germanica* or Flower-de-luce, the *Cat-tail* flag, and the *Blue* flag or *Iris versicolor*. When springing up at the time, it is best dug. Early in the Spring, the Blue flag is apt to be confounded with other varieties, but more especially with the Cat-tail flag. Hale informs me that the Cat-tail variety has no medicinal properties. It is quite desirable that no mistake be made, (rather *entirely essential*,) in the selection of the Simon-pure article. Whoever has once chewed a small bit of the genuine Blue flag, will not be very apt to be mistaken in its appearance, as his *fauces* will abundantly testify.

My plan in making the cerate, is to stew the green root in fresh butter, thoroughly worked, free from buttermilk, and without salt. I object to lard, as it is irritating to sore skins. The cerate should be made fresh at least every Spring. I prepare two strengths. One strongly impregnated, for old, tough cases, in gross habits; another milder, for delicate children and infants. I always use the dilutions internally, in accordance with our time honored *modus operandi*, and prefer to do so some few days before applying the cerate. I will not burden you with clinical cases, suffice it to say that *Iris versicolor* is a remedy which will take its position among our polychrests.

The Blue flag, however, has not fulfilled its mission when applied to cutaneous diseases. If I were called upon to day, to select from my case, that remedy which uniformly gave most satisfaction in cholera morbus, and bilious vomitings, I should select Iris. I am not one of those who go "mad" over any one remedy. Anything in the way of a "Universal Panacea," can have no advocate with an intelligent homœopath. The very foundation of our principles, elucidated in the grand law of *Similia*, forbids. Within a few days, I have been called to three cases of cholera morbus. All of these from dietetic indiscretion. One case of great prostration; blue countenance;

small, feeble pulse; surface cold and clammy, and drenched in sweat; had been vomiting for several hours. In a notable case of ague, when the vomiting was the prominent symptom; these vomitings had continued for 18 consecutive days; type, quotidian, and the fluid ejected was of a bright yellow color, filling at each return of the chill, a large chamber, holding at least three quarts. In a notable case of gastralgia, where the vomitings were greenish, yellow and mucus. Iris proved my sheet anchor in all these cases.

I use the 10th decimal, and when indicated, alternate it with Arsenicum, or some other remedy. Items of true, reliable clinical experience, will help us along in a right estimate of the remedial powers and the true sphere of our new drugs. Let us have them?

For the American Homœopathic Observer.

PERMANGANATE OF POTASH.

BY THOMAS NICHOL, M. D.

Editor of the American Homœopathic Observer—Sir: In common with the whole of your very wide circle of readers, I was much pleased with Dr. Allen's article on Permanganate of Potash in the August number. Dr. Allen says that I had "made extensive use of it in diphtheria, for some time, with very flattering success," and proceeds to detail his own experience with it. He says: "Not satisfied with its empirical use alone, and being unable to find that a proving had ever been made, I resolved to make the attempt." Now, so far as I am concerned, my use of the remedy was not empirical, for in March 1865, I made a partial proving of the remedy, and the indications I gave in the May number of the OBSERVER were taken from that proving, which is strikingly similar to that of Dr. Allen. I was too much hurried at the time, to send for the proving which required arranging, and I did not suppose that any one would imagine that a rigid homœopath like myself would use a remedy without a previous proving.

For the American Homœopathic Observer.

CACTUS GRANDIFLORUS.

BY T. C. HUNTER, M. D.

I have had some experience with *Cactus grandiflorus*, confirmatory of the provings. I gave it to a lady who is troubled with frequent attacks of *asthma*, in which she complained of stricture around the chest, as with a band of iron. It relieved her in an hour.

I consider it the best remedy I have for *sleeplessness*.

Surgery.

For the American Homœopathic Observer.

CASE OF GUNSHOT WOUND.

BY M. B. LUKENS, M. D. ROCK, ISLAND, ILL.

I give a brief history of a case that occurred in my practice the last winter, thinking that *some*, at least, of the profession will be interested on account of its unfrequent occurrence in common practice.

In July, 1864, Mr. L——, a sergeant in the 12th Wisconsin V. L., was wounded by a sharpshooter during the siege of Atlanta. It was during the first day of the siege that he was sent with a squad of men to relieve another squad who were working upon the entrenchments, but when they arrived, they found that relief had been sent before them. They then carelessly threw themselves upon the ground to wait until they were needed. While there he was shot from the top of a small tree where the sharpshooter was concealed, the ball taking effect in the upper portion of the right scapula, passing through the right lung in its course, and lodging, it is supposed, a little to the right of the middle third of the sternum. He was considered by the surgeons mortally wounded. They gave him a heavy dose of morphine to quiet him, supposing that he could not survive till the next morning. He however, did survive, the morphine gave him sleep; consequently he felt refreshed. He was sent to the hospital and cared for till he was able to go to his home in Ohio, which was in eight weeks.

During convalescence, the pus made its escape by way of the bronchiæ, to a considerable extent, although the wound in the shoulder did not heal over for many months. When he coughed the air often gushed out at the place where the ball entered. Simultaneous with his recovery there was what was supposed to be, by some surgeons, a glandular enlargement in the right axilla. Others supposed that the ball had lodged there during suppuration, by the effort of nature to expel it.

He however experienced no inconvenience from its presence. He recovered almost his usual health, and was engaged in active business during the last summer and fall. December last, he came to this place with the expectation of going into business, little expecting what was soon to follow.

Four or five days after arriving, this enlargement in the axilla began to inflame, and to grow very painful. It continued to increase in size and painfulness for four days, during which time the enlargement, external to the thorax, had grown from the size of a hickory nut to that of a goose egg. The tumor was sounded by percussion, but no appreciable fluctuation was discovered. My anxiety lest the abscess might break inwardly, on account of the thickness of its external walls, and the extreme suffering of the patient, induced me to attempt to open it. I inserted the lancet to the depth of nearly one inch, no pus followed. I then decided to abandon the operation for this time, and await some favorable sign that would warrant the undertaking again. It was not necessary to wait long. In a few hours the sign came that was not to be mistaken. The accumulated matter that had been pent up for days, vainly endeavoring to find an exit, at last gushed out in torrents, *via* bronchiæ and mouth almost suffocating the patient.

Immediately the lancet was used, a *valvular* incision was made (fearing that emphysema might follow, or some other danger if there was a direct one,) and not less than three pints of pus were discharged at once, and of the most foetid character. The patient became very much discouraged and depressed in spirits. Physicians had told him during his first convalescence that he never could survive such another discharge from his lungs. This was a much more dangerous attack than the first. At this time he was so weak that he could not stand alone, and had a violent fever accompanied with delirium. Pulse 130 ; profuse night sweats ; no appetite, and a continuous hard coughing. The great cause of these symptoms was only partially removed by the opening of the abscess.

In fact, there could be but a very unfavorable prognosis formed. It was decided by a council, that if he had a consti-

tution vigorous enough, he might possibly get over it. He seemed to be sinking for two days and nights. After that the system began to rally. Up to this time he had the closest attention and care. All the unfavorable symptoms were met by appropriate remedies. His appetite was sharpened by stimulants and a nourishing diet prescribed; from this time he improved very rapidly. He continued to cough and raise pus for four or five days. The wound had to be probed often to prevent this. At the end of this time he ceased to raise pus, but the cough continued. It was an irritating, hacking cough, much worse at night than in the daytime, and had to be checked at all hazards, lest inflammation of the lungs should be produced. Morphine was finally resorted to as the only remedy that would sufficiently check it. Half grain doses at night caused the patient to enjoy undisturbed sleep during the night, and to feel refreshed the next day. Whenever he coughed or filled the lungs, the air found an outlet under the arm, often with a loud report.

The patient continued to recover very rapidly. In eight days from the time the abscess broke, he was able to start back for his home in Ohio, alone, where he arrived feeling better than when he started. He finally recovered his health except shortness of breath, when he exercised freely.

For the American Homœopathic Observer.

SURGICAL CASE.

BY C. H. LEE, M. D., ÆTNA, PA.

A great many people in my neighborhood are under the impression that there is no success in the homœopathic treatment of surgical cases; that all surgery must be treated by allopathic physicians. But the following case has convinced them that there is something in homœopathic surgery after all, as I have received a number of surgical cases since.

On the 12th of last December, I was called to see a man who, while working in a coal bank, received severe injuries by

a solid mass of coal falling on his right side, fracturing his right femur in two places, the first just below the lesser trochanter—the other about three inches above the condyles, both fractures being oblique; three ribs of the right side were broken, causing emphysema, which was well marked, and profuse hemorrhage from the lungs. The acromion process of the right scapula was broken, preventing the arm from being raised; the left side of the head was considerably bruised and torn; and the scalp torn off from the upper portion of the parietal bone.

TREATMENT.—Assisted by Dr. W. R. Childs, of Pittsburg, we first dressed the scalp, taking away all foreign matter, shaving the scalp, drawing the parts together, and applied adhesive straps and tincture of *Calendula*. For the acromion, we put on the figure 8 bandage, drawing the arms close to the side, and pushing it up so that the fractured acromion would be kept in its place as nearly as possible; nothing was done to the ribs on account of the thigh being broken, and the intense pain a bandage would cause.

Applied the long splint to the leg, placing the foot in the shoe of the splint and tying the upper end to the head-board of the bedstead, also using the perineal band after reducing the fractures to their proper places by turning the screw at the foot, causing extension, then applying long adhesive strips around the thigh and splint, about three inches apart. We used the adhesive strips instead of bandages; kept him on his back for eight weeks; very little swelling in the thigh at any time. We gave an unfavorable prognosis. I gave him *Arnica*, mother tincture, and *Bryonia* 2d, alternately, every half hour. I saw him early the next morning, and found him better; severe cough, with bloody sputa. I continued the *Arnica* and *Bryonia* for two weeks; the hemorrhage stopped, but had a loose cough, with pus-like sputa, and pain in the region of the broken ribs. Gave *Bryonia* 2d, and *Mercurius vivus* 3d, four times a day. The cough disappeared as well as the pain and emphysema. After eight weeks we took off the long splint, and applied the starch bandage. He is now going around on crutches and doing well; no pain, no cough, no deformity. He was given *Calcarea phosphorica*, for two weeks, to solidify the fractures. He now feels as well as ever.

Miscellany.

For the American Homoeopathic Observer:

CRIMINAL ABORTION.

BY DR. E. M. HALE.

E. A. LODGE, M. D.—In the September number of the *Observer*, in the review of a work entitled “Why not?” the reviewer steps aside from his legitimate business and quotes a *garbled* paragraph from my work on abortion. It was quoted in a manner that will do the work injustice, and misrepresent my teachings on the subject of Criminal Abortion. I cannot therefore let it pass without exposing the apparent malice of the writer of said review and also defining my exact position as regards the principles I hold and teach in reference to the moral and legal relations of abortion.

The paragraph quoted read as follows: “The dogma that the embryo before that date, (viability) is of the same importance as after, is yet debatable. I cannot, therefore, look upon the destruction of the ovum before that period as *murder*,” page 319.

Now, the value of a quotation depends not on itself, but on the collateral subject matter of the book.

The writer who will garble a paragraph from a book, and animadvert on it, resembles those theological quacks who select “texts” from the Bible, utterly regardless of the qualifying language which surrounds it. We will now examine some of the qualifying matter of my work on abortion, and we shall find that the insinuation that I have taught improper doctrine, falls at once to the ground.

It must be premised, however, that the above quotation was taken from that portion of the work entitled “Jurisprudence of Abortion,” in which the legal relations only, of abortion, were treated of. This *part* opens with a lecture on crime, not abortion, by Prof. Small, as giving my own ideas in a peculiarly happy manner. At the end of the lecture he says:

“I cordially and sincerely subscribe to most of the views above set forth, as far as relates to the destruction of the ovum *without good and sufficient cause*. I differ, however, with some of my professional brethren, in relation to the propriety of inducing abortion or premature labor, when certain diseases and conditions exist.

"I hold that in no instance should the life or even *health* of the mother be sacrificed to save that of an impregnated organ, before the date of its 'vitality.' "

What the conditions and diseases were which justified the physician in inducing abortion, are freely dwelt upon in the portion of the work devoted to that subject, and if the reader will examine them, he will fail to find any recommendation at variance with the strictest rules of moral or legal propriety.

I here will boldly state my deliberate conviction, that the physician who refuses to cause abortion, or in any way *shirks* the responsibility of the operation, when the life of the mother is at stake, must either plead gross ignorance in justification of his course, or he should be looked upon as a *murderer*, if the woman died from the consequences of the pregnancy. None but the meanest moral coward will be guilty of shirking such a responsibility; and among this class I suspect may be ranked some physicians who assert that in a "practice of twenty years they have never found it necessary to cause an abortion."

I will go further, and declare my firm conviction, that in cases of abnormal pregnancy, when the physician conscientiously believes that the *health* of the woman will be *seriously* and *permanently* impaired by the diseases consequent on the unarrested generation, he should consider it his duty to arrest the development of the ovum.

The fœtus before it is viable, cannot live an independent life. If before that period shall be reached, the woman's health shall be seriously and permanently impaired, shall we remove the cause, or permit a life to be made miserable, full of suffering, useless and unhappy? On whom shall the blame rest in such cases? To throw all the responsibility on the shoulders of Divine Providence is *blasphemy*; and the physician who will stand by and permit a human life to be shattered, health to be destroyed, and a useful career blasted, from notions of fear or *false* conscientiousness, is a criminal before God and man. He who insinuates that these teachings may be taken advantage of by bad men and women, shows a caviling and unjust spirit, unworthy a Christian gentleman or physician.

It was in the consideration of the Jurisprudence of Abortion, and while commenting on Dr. Small's admirable lecture, that the quotation first above referred to occurred.

No one will dare to assert that the embryo is of the same importance in law *before* the date of viability as *after*! No existing law recognizes any such equality. Before viability the fœtus lives only through its connections with the maternal circulation. Sever these and its life exists not a moment. After viability, independent life may be sustained. The physician who wantonly destroys foetal life, *after* viability, instead of inducing premature labor, thereby saving the life of the child, would rightfully be considered a *murderer*. But shall the physician who destroys the life of a non-viable fœtus, to save the life of the mother, be considered guilty of the same crime?

That is what I meant by the quotation your reviewer quotes in such an unjust mannner.

In order to set at rest forever, any doubts as to my position in this matter, I shall set forth the following propositions, as containing the true moral and legal doctrines :

1. We are commanded in the Divine Word, to "Increase and multiply the earth." Therefore the man or woman who does not marry and obey this injunction, is morally guilty of the crime of disobedience to the Divine Law. With the ancient Hindoos, and I believe the Spartans, this was also the civil law of the nation. It will be observed by reference to my work, (see page 290,) that I do not consider "ovular abortion" *i.e.* the *prevention* of impregnation, allowable, unless the same condition and diseases exist, as would justify the production of an abortion.

2. An impregnation having occurred, and the woman's life or health is liable to be sacrificed, by the continuance of gestation, abortion should be caused at the most appropriate period anterior to viability. If the foetus however, is destroyed without good and sufficient cause, the perpetrator of the deed should be punished to a proper extent, either by fine or imprisonment. In this case I contend the crime is not *murder*, because an *independent human life is not destroyed*, but *prevented*. Neither in a legal or moral sense is the crime as heinous as when life is destroyed after viability. I do not mean to deny the only true philosophical doctrine that the ovum, from the moment of impregnation, is the receptacle of the human soul. This doctrine is evidently the only one to be adopted in the light of the knowledge we now possess.

If from the existence of diseased conditions, deformities, etc., we *know* the gestation cannot be safely allowed to proceed to the ninth, or even eighth month, if by so doing the life of the mother or child would be placed in jeopardy, premature labor should be induced in such a manner to save both mother and child, if *possible*. If one life *must* be sacrificed, that life should be the child. This is the accepted doctrine adopted by all medical and legal authority. But if any person, no matter whom, shall *wantonly* destroy the life of a foetus after the sixth month, he should be considered guilty of *murder*, and the law should deal with him, and apply the same penalty as though he had destroyed the life of an adult man or woman.

I wish to make one more point before closing this communication. It is sometimes asserted that abortion should never be induced without previous consultation with one or more physicians. However advisable and proper this may be, it is sometime impossible. Circumstances may arise, as in case of retroversio utero, convulsions, etc., when abortion, or premature labor must be resorted to at once, to save life. In such cases, the physician must take the responsibility, and unless he is a moral coward, he will not hesitate. If he shall hesitate, and the life of the mother or child is *thereby lost*, he is guilty of the crime of murder, and cannot be justified.

Colleges, Societies, etc.

The Homœopathic Medical College of Missouri.

Now reorganized and with a very talented corps of professors offers many inducements to students. The clinical advantages consist in a well organized Dispensary, the "Good Samaritan Hospital," and the "Colored Orphans' Home." The lecturer on Clinical Medicine, Prof. Vastine, is one of our oldest homœopathic practitioners, and will be able to benefit his students with most instructive lectures. Prof. E. C. Franklin, the author of a text book on Surgery to be published soon, will give especial attention to the department of Operative Surgery. The department of Materia Medica will be well taken care of by Prof. John T. Temple, and that of Theory and Practice will not want under the courteous and efficient Wm. Tod Helmuth. Lecture fees, \$80.

The Hahnemann Medical College.

The Junior term opens Wednesday, October 26th, 1866. Professors Colton, Mitchell, Gatchell, Welch, Beebe, Ludlam, and Woodhouse.

Senior term opens January 2d, 1867. Professors Cooke, Beebe, Hale, Welch, Gatchell, Ludlam and Woodhouse.

"Being well assured of the practicability of dividing the lecture session into terms,—a junior and a senior, the Board has decided that the same arrangement entered into for the past winter is to be continued. This plan enables them to place the elementary chairs in the first term, and the practical in the second. Ordinarily the student becomes confused in the multiplicity of subjects, elementary and practical, to which he is introduced. It is not usually until his second course of lectures that the various subjects begin to assume their proper order in his mind. The plan adopted in this Institution is methodical

and progressive. It has received the unanimous approval of students who have already participated in its benefits, and whose rate of progress was observed to be in ratio with the superior advantages offered by this arrangement.

The division of the session into two terms offers an excellent opportunity to the practitioner of refreshing his memory upon certain branches without any very considerable absence from home or loss of time from his field."

Lecture fees, \$80.

The Cleveland Homœopathic College.

Will commence its Seventeenth Annual Session on Wednesday, October 24th.

The Faculty promise that nothing essential to the teaching of the objects appertaining to each department shall be wanting; they feel assured that they can offer increased advantages and conveniences to the student of medicine, and that he will find as complete and extensive a course of instruction as the allotted time will permit, and equal to that of any other institution. Clinical instruction will be regularly given, both at the college and the dispensary. Lecture fees, \$75.

New York Homœopathic College.

By special act of the Legislature the students of this Institution, in common with those of other medical schools, have a right to walk the wards of Bellevue Hospital, and the other public charities on Blackwell and Randall Islands, where cases of almost every disease that is known can be found. Surgical, medical and obstetrical clinics are held Wednesdays and Saturdays, throughout the session. Material for dissection furnished gratuitously, subject to the Demonstrator's supervision.

Lecture fees \$100.

SOCIETIES—WHEN AND WHERE THEY MEET.—1866-1867.

The "*Homœopathic Medical Society of Wisconsin*," at LaCrosse, Wednesday, Oct. 17, 1866. H. B. DALE, M. D., *Secretary*.

The North-Western Provers' Association, on Tuesday, Nov. 13, 1866, at 168 Clark street, Chicago.

J. CATION DUNCAN, M. D., *Rec. Sec.*

New Hampshire Homœopathic Medical Society at —, Jan 20.

J. H. GALLINGER, *Secretary*, Concord, N. H.

New York State Homœopathic Medical Society, at Albany, N. Y., on second Tuesday in February, 1867.

H. M. PAINE, M. D., *Secretary*, 104 State-st., Albany.

The "*Massachusetts Homœopathic Society*," Annual Meeting, Wednesday, April 11, Semi-annual Meeting, Oct. 10.

The "*Western Institute of Homœopathy*" at Indianapolis, third Tuesday of May, 1867.

The "*Canadian Institute of Homœopathy*" convenes at Brantford, second Wednesday in May, 1867.

The "*American Institute of Homœopathy*" at New York City, on first Wednesday in June, 1867.

I. T. TALBOT, M. D., *Gen. Secretary*, Boston.

The "*Michigan Institute of Homœopathy*" at Jackson, Mich., on third Tuesday of June, 1867.

EDWIN A. LODGE, M. D., *Secretary*.

The Cook County Homœopathic Medical Society meets every alternate Friday evening, in the Museum of the Hahnemann College, Chicago, Ill.

J. CATION DUNCAN, M. D., *Secretary*.

[Secretaries of Societies will oblige the Editor by sending their names and addresses, with dates and places of meeting, copies of proceedings, &c.]

NORTH-WESTERN PROVERS' ASSOCIATION.—The Annual Meeting of the North-Western Provers' Association, for the election of officers, &c., will be held in Chicago, Nov. 13th, at which all members are requested to be present. A cordial invitation is hereby extended to the fraternity to become members and co-operate in this praiseworthy and noble enterprise. This Association is composed of physicians, pharmacutists and students of medicine. The initiation fee is one dollar. Those wishing to become members will please address

H. N. SMALL, Corresponding Secretary, or T. C. DUNCAN, Recording Secretary, Chicago, Ills., before the time of meeting, enclosing initiation fee.

H. N. SMALL, *Corresponding Secretary.*

We invite particular attention to the notice of this meeting. The Northwestern Provers' Association is not a mere college society, but is designed to embrace all of our fraternity, in every land, who will enter upon the noble work of "*Drug Proving.*" We hope that there will be a large attendance at the proposed meeting. Very much has been done by isolated labor, but we can accomplish very much more by a combined effort, and we know of no enterprise, of a similar character, that is likely to be as useful to the profession as this one.

The Homœopathic Medical Society of the 17th Congressional District of Ohio.

This Society was organized on the 1st day of August, 1866, at Alliance. Dr. R. R. Bourne, of New Lisbon, in the chair; Dr. J. G. Heaton, Alliance, Acting Secretary.

A Constitution and By-laws were adopted, giving the above as the name and providing everything necessary to insure a permanent organization. Officers were elected to act till the first Wednesday in May, 1867, which will be the first regular annual meeting of the Society. The first regular meeting will be on the first Wednesday of October, 1866, at Dr. Shane's office, Wellsville, Ohio.

LIST OF MEMBERS.

- Dr. R. B. Rush—*President, Salem, O.*
- " H. S. Sook—*Vice-President, Steubenville, O.*
- " J. G. Heaton—*Secretary, Alliance, O.*
- " H. W. Nelson—*Treasurer, Mechanicstown, O.*
- " G. Rerson—*Censor, Clarkson, O.*
- " J. D. McCreary—*Censor, Industry, Pa.*
- " S. C. Shane—*Censor, Salineville, O.*
- " R. R. Bourne, *New Lisbon, O.*
- " T. A. Shane, *Wellsville, O.*

Any homœopathic physician who can meet the requirements of the constitution, may become a member, and all who can meet with us are expected and requested to make application for membership.

J. G. HEATON, *Sec'y.*

Personal Notices.

Barnes.—L. S. BARNES, M. D., returns to Maumee City, Ohio.

Case.—Dr. Walter R. Case, removes to Hart's Village, Dutchess Co., New York.

Gardner.—M. M. Gardner, M. D. removes to Philadelphia, Pa., from Holland Patent, N. Y.

Guernsey.—Prof. H. N. Guernsey says: "It is proper that I should state that the delay in the publication of this work (Midwifery,) is due to no fault of the publisher, but that it has arisen from the absolute impossibility of furnishing the manuscript for the printers as fast as had been anticipated; and while pushing on the work with all my might, I am impelled to ask the indulgence of the profession.

Hixon.—Dr. D. W. Hixon, of Paulding, Ohio, on account of continued indisposition, retires from active practice. We trust that the Doctor will soon recover.

Jenney.—Dr. W. H. Jenney is practicing at Fon du Lac.

Jones.—Dr. G. J. Jones takes the place of his former preceptor, M. M. Gardner, M. D., of Holland Patent, N. Y.

Jones.—J. D. Jones, M. D., removes to Indianapolis, Ind. He offers his present practice, at Richmond, Ind., to a good homœopathic physician without charge. There are two homœopathic physicians now at Richmond and room for others. The practice is popular, and the people intelligent. Population, 18,000.

Morlock.—Dr. W. M. Morlock succeeds Dr. Hixon at Paulding, Ohio.

Roberts.—Dr. E. L. Roberts has settled permanently at St Johns, Michigan. We are much pleased to hear from the citizens of St. Johns that the Doctor is being extensively patronized; he is well worthy of encouragement.

Schley.—Dr. P. T. Schley, formerly of Georgia, a graduate of the New York Homœopathic College, will practice at Charleston, S. C., in partnership with H. M. Cleckley, M. D.

Tinsley.—Dr. K. S. Tinsley removes from Alfordsville, Ind., to Columbus in the same State.

Walker.—Dr. L. Walker, a brother of one of the oldest and most esteemed practitioner of Michigan, has formed a professional partnership with Dr. C. A. Jefferies, of Dexter.

SPECIAL NOTICE.—Personal sketches, notices of removal, of forthcoming publications, and other items of general interest, will be very acceptable.

Obituary.

Death of a New York Physician.

ALEXIS LEON, M. D., formerly of New Orleans, and for several years an active and successful practitioner of New York, died at Long Branch, N. Y., on Sunday Sept. 2. Dr. Leon was one of the most industrious and thorough Homœopathists; he was very popular among the people, and was highly esteemed as a man and physician by his medical brethren. A more extended notice of his life and character will appear in the *North American Journal of Homœopathy*, for November,
F. W. H.

BURT.—It pains us exceedingly to announce the death of the only son of our esteemed colleague, Dr. W. H. Burt, of Lincoln, Ill.

WILLIE BURT died on the 13th of September, of typhoid enteritis, after a painful illness of ten days. He was three years and forty-three days old. Those of our colleagues who have lost little children can appreciate the grief of a father, who writes us as follows:

“He was getting to be so much company for me. Whenever I went into the country, he would go and drive so that I could read. The horse was his pet, and when he was dying he cried for the horse. Wherever I went he must go.”

How lonely now must be our friend's rides in the country, where every flower and tree will remind him of the dear one dead; and how lonely the house, from which the light step, the little form, and the loved voice are gone forever.

Books and Pamphlets Received.

THE HAHNEMANN MONTHLY, published by the Hahnemann Life Insurance Company, of Cleveland, Ohio.

The first number of this paper is just received. About one-half the space is filled with popular reading, and the remainder with advertisements. Circulated gratuitously in large quantities, it will form a good advertising medium.

Dental Hygiene, by Henry S. Chase, M. D.: D. D. S.

On Excision of the Superior Maxilla; Report of a Case, with Remarks, by Wm. R. Whitehead, M. D.

University Journal of Medicine and Surgery.

Hahnemannian Monthly, September.

British Monthly Homœopathic Review, September.

Western Homœopathic Observer, August.

REVISED LIST OF CONTRIBUTORS.

We propose electrotyping a new outside cover of the OBSERVER for 1867, and will revise our present list of contributors. If the present list contains any names of physicians who do not think of writing for the JOURNAL next year we shall feel much obliged if they will notify us, that their names may be dropped.

For several months past we have been able to fill the OBSERVER almost exclusively with original matter, and expect the labors of our valuable correspondents, old and new, will enable us to do so for 1867. Our readers will be happy to find the names of several excellent writers on the revised list. We are very much gratified at being able to add those of:

Prof. S. R. KIRBY, for many years editor of the *American Journal of Homœopathy*.

T. G. COMSTOCK, M. D., of St. Louis, Mo.

Prof. H. D. PAINE, and Prof S. B. BARLOW, of New York Homœopathic College, and several other writers of merit.

The OBSERVER is a success. All honor to our noble corps of contributors who work to make it useful. Words of encouragement are numerous and gratifying.

Dr. Wm. H. Holcombe says:—"Let me congratulate you on the enterprise, talent and success with which you have conducted the *American Homœopathic Observer*. Fourteen years ago, when I induced Marcy and Peters to revive the *North American Journal*, by promising to write the heavy articles for it, the publication of a monthly like yours would have been impossible in the United States. From what we have already accomplished, we may anticipate great things for the future."

COMMUNICATIONS RECEIVED.

Letter from Prof. S. R. Kirby. Sanguinaria canadensis in Pseudo-membranous Croup. Homœopathy and Science. Homœopathic Statistics. My First Steps. Plantago major. Review of "What's Life." Proving of Sanguinaria canadensis. Proving of Trifolium. Homœopathy—by T. C Hunter. Cactus grandiflorus, Etc. Homœopathic Electropathy. Otitis Externa. Urea, its Cause, Nature and Effects. Re-proving of Nux vomica. Effects of Bryonia on the Pulse. A Home for Consumptives. Gelsemium in Miliary Fever.

Lectures.

For the American Homœopathic Observer.

HOMŒOPATHY AND SCIENCE.*

BY J. M. LONG, M. D., COLDWATER, MICH.

In striving to give to the world some translation of the truths that every student finds opening before him like long vistas of light, he can but feel how inadequate he is to the task, since truth, so infinite and grand, rises beyond his reach and extends universes away; and he is a presumptuous man who dares to say that he has followed one of its rays to its finality, or traced it to its source. Whether in art or science, we have to seize the great principles which base themselves on facts, and from thence reach forward to still higher and more comprehensive truths.

I would gladly feel that on this occasion, I could place before you some fresh revelation of the principles of that science so intimately concerning every human being, the development of which brings us together here as an associated body; but I must content myself with giving you a general summary of its influence and power, and glance slightly at its fortunes as one that keeps pace with the civilization of the world.

Medical science is not the distillation of drugs, the compounding of matter, the experimenting on human tissues, nerves, sensations; nor is it merely the curing of the sick. It is the recognition of the great principles of the world of matter and of spirit, and seeking for the causes and cure of these inharmonies that we are wont to call lesions. Since the term disease implies an entity, while disorganized forces lie at the foundation of all the physical infirmities that flesh is heir to.

To recognize the beautiful adaptation of the natural world to the human system, is the first step in medical science. It

* Read before the Michigan Homœopathic Institute, June 19, 1866.

has always been the first step taken ; for the finding of an herb or plant that exactly fitted a diseased condition was a step taken towards the great law underlying all medical discoveries that have become facts for the men of science.

Man is placed in the world in no chance position. He stands united to the kingdoms below him, and from them he draws his means of sustenance. In his body reside the attenuated particles of mineral, vegetable and animal creations. It has been left to homœopathy to show the great force one of these particles may have in producing disorder or restoring order to the system. Now while the cholera is nearing us with a form so subtle that even doctors disagree where it most resides ; we hear men discuss its causes, its etherialized essences, its undetected particles ; and yet they do not see how the same law operates in attenuated doses, even though the attenuation approach a degree not within the computation of numbers.

The principle, or law, which governs disease through so refined a substance that no chemical science has been able to detect it, cannot be denied when it turns itself also to the restoration of harmony, and becomes an active principle of cure. Hence we find ourselves safe in affirming that although he cannot define how an attenuated particle acts more efficiently than a grosser one, yet we have facts of the fact before us, proving that it does so, in the natural operation of those forces that reside within the sphere of man's life, and we base our first affirmation here, viz: The constitution of man is subject to influences from without ; not measurable by their quantity, but by their adaptation to his condition. From this affirmation we may start into a field of investigation, broad as the universe and reaching far beyond any present research. For the science of Homœopathy can as yet be said to have hardly attempted to demonstrate that the constitution of man's spiritual forces is subject to laws that operate in the outer sphere, and produce these states that become material, and thus yield to material remedies ; while also material remedies, acting on spiritual forces, become so attenuated that they may almost be said to become thinking powers in the world of mind.

It is on this ground that I would gladly tread, but it requires

so great a power of analysis, so wide an acquaintance with the laws which unite man as a body to man as a sentient being that I refrain from following this thread further. But we have here a field which our revered teacher, HAHNEMANN, longed to fully explore. If I am rightly informed, he became more and more interested in those delicate transitions, if I may so call them—of drug power to spiritual force, so that he spent many of his last hours in endeavoring to find how slight the substance that could produce the greatest change. But to return, our second affirmation touches upon the first. It is this: The power of a drug is not commensurate in its action on a harmonious condition, to its action on a diseased condition. Therefore we cannot trust entirely to that noble system of drug proving by the healthy, to which we owe so much; but we must see how far disorganized forces may operate to come between cause and effect. Hence our clinical experiences always afford us the richest field for discovery. We can be convinced of this, I think, by carefully noting the progress of the various stages of disease and the effect of remedies upon each condition.

It is evident that he who would become a true physician, must be on the alert to follow the leading which nature gives. We are not rulers in the kingdom of sensation; neither can we govern forces. We are restorers of peace—ministers of salvation to diseased functions. Therefore we should be careful students of those laws which govern the body and act as their aiders and abettors.

The physical economy, in a state of health, is rarely met with, and inharmony is almost always to be found in some portion of the human frame. It is reported that recently when in a crowded audience, a celebrated electrician offered to endeavor to restore to health those who were diseased, if they would come forward, more than half of his large audience went forward to the platform, and probably one-third of the remainder went home discouraged at the numbers that had precedence. And no doubt the ills of this congregation were only a fair average of any similar company. Neither are we to suppose them to be imaginary.

There was a jar in the complex workings of the wheels and consciousness demanded some hand to regulate and restore to order. It is for this reason that we cannot depend solely upon drug provings by the healthy, or comparatively healthy, to ascertain the efficacy of our remedies ; for susceptibility induced by abnormal conditions may mislead us and cause us to lay too much stress upon effects that were only exceptional.

I have known those upon whom a small portion of Opium in the crude state would act as the most powerful stimulant, and prevent sleep for a night, and others, who by the same quantity, would be quieted to peaceful slumber.

The two results depend on the condition of the subject and not on the drug. Are we not to suppose that the action of every remedy may be thus modified by conditions of the system, and similar results ensue. We have therefore a double duty to perform in the administration of our remedies. It is to study carefully the condition of the patient, while we test the effect of a drug. I have no question, indeed I am credibly informed that many of our oldest practitioners give unhesitatingly the same doses for a similar class of symptoms in all subjects, fitting the remedy to a symptom, instead of a condition. With due deference to the skill of such practitioners, I am constrained to say they seem to me to ignore the highest law of our science. For by *similia similibus curantur* is not meant that a *symptom* is to be changed by a drug of similar action, but that a *condition* demands a remedy of similar action of which the symptom is the expression of the kind, but not of the force. We should therefore regard with care that advice of Hahnemann, to see how great force lies in a minute portion, than to ascertain how much power may be overcome by a large dose.

By the laws of homœopathy, this is the method we should all strive for. Do not think I am a champion of any party of our school, whether it be the high or low dilutionist. We ought not to have to have two parties. If the principle of homœopathy is a true one, there are laws by which cures are performed through the agency of minute portions of medicine ; and if sometimes the action of a minute atom is as direct as a

cruder portion, we are bound to investigate the law of such cure, and ascertain if it lies in the minute absorption in both cases, or in the condition of those to whom it is administered.

It was said by the earliest supporters of homœopathy in this country, "that those expedients of the old practice which obtained a solid basis of empirical certainty as to good results, in given and well defined cases, ought not to be laid aside;" and it is this sentiment that governs many modern practitioners. But I believe we have a noble work. While we acknowledge the skill and success of many of the old school, let us seek for the law of the cure, instead of following the method of administering the drug. Very possibly we may find that it was minute absorption that produced the good results. Thus we should have a valuable confirmation of our method and the universality of its operation.

My third affirmation may be given in the words of Hahnemann himself:

.. "It is only the disturbed vital force that produces disease."

What a wonderful assertion was that. Disease had been fought as a demon of evil,—an entity—a power in and of itself. It must be purged and driven from the system. To some it seemed to reside in the stomach, like a foreign body and must be forcibly ejected therefrom by turning the patient inside out. Others placed its throne in the liver, and sought to dethrone it by reverse action; a sort of upsetting process, like removing the props from a structure.

Thus in various ways disease was regarded as a power at work.

How great then seems this sudden and bold declaration of the founder of our system. Disease is only the result of the disturbed vital force. We have here a glimpse into the microcosm. It is like an opening through the material portals into the hidden causes, and the silent operation of laws that are at work in every human structure.

We have here the true physician's office set before us. He is a restorer; not one delegated to tear down, but to build up—to aid nature to that harmony which promptly restores and re-arranges its forces. The road we are to travel is not an

obscure one. Nature stands by and points the way. To aid nature is our office, and it is evident that we must do it by means of those beautiful laws through which she ever operates.

Wherever we turn in our investigations, we find always that nature leads us directly to harmony or rather all its effects tend to restoration. If she disarranges it is only that she may re-arrange. The minute atom that forsakes one combination enters another. The structure that falls begins again a building up. There is a consistent and persistent effort to make amends to all failures.

Thus we find proven the idea that the vital force is ever at work in the human economy, and all that it needs is the right material to work with. It will take no surplus supply, even if be given. It will spend its energies in ejecting that which it cannot use. Hence he who is able to supply nature with just what she requires and no more, is a wise and far-seeing physician. The vital force will attend to the disposition of the supply, and like a sentinel on the alert, will endeavor to keep off intruders.

Perhaps there is nothing more discouraging to the earnest man than to find himself assailed by a thousand and one time-old fallacies in the place of arguments to upset his propositions, and make silence seem but delusion. But there are foundations that cannot be shaken, and they may be discovered in the wants and requirements of the human structure itself; and these should convince us all of the grandeur and simplicity of our system of practice, as far as it has yet attained to the harmony and development that enables it to rest on certain unchanging and unchangeable laws.

The future of our science is clear and progress is certain. But progress signifies a moving forward, We must not, we cannot stand still. We want to base ourselves on the great principle of our science, and then ascend tier by tier, building up as we go, a temple of grand and perfect proportions.

To this end we want to learn more and more of the human system itself. We are not yet much in advance of Hahnemann in this respect.

We have added greatly to our *Materia Medica* within a few years. A fine testimony to the universally true is to be found in the recent works of our respected co-laborer, Prof Hale. There we have old and trusted domestic remedies given with the specification of their effects under the old methods of administration and the effect of more minute doses. I think we have almost proven for us already the fact that many remedies act with as great if not greater power in high attenuation, and that these are mostly mineral combinations.

While vegetable productions having their properties carried up one degree nearer to the human, by the assimilation of particles, hold already the remedial agent in higher dilution and therefore should be given in lower potencies.

I do not however feel competent to prove this to a demonstration, from actual experiment; but if we base our practice upon the fundamental principles of nature, we shall find nature ready to teach us at every turn.

Our future lies before us—a broad and open field. Whoever treads therein need not fear, lest he intrude on another's ground. We want all the force, all the power, all the variety of operation that we can obtain. The great structure of plants has as yet only just begun to be opened. The wonderful essence that resides in the growing leaf and the opening bud, is only partly revealed. The best methods of distillation must be sought—the separation of the grosser from the more refined portions of these essences; the disintegration of particle from particle. In a word, we want discoveries that shall make a remedy as clear to us as are the combined elements of water or air.

We are as yet almost ignorant of the combined properties that make up any vegetable structure. The chemist may tell us that there is Nitrogen, Hydrogen, Carbon or Oxygen, and give us the ingredients or properties of each. But not in these reside altogether the curative properties. Where is this wonderful power? In what atom lies the force that shall make a nerve vibrate with new vigor?

What hidden cell of life retains its vitality through all changes, and distributes new energy to some dormant power?

We can only dimly conjecture that within all material substances reside the elements that have built up the human frame, and, that united to these indivisible links stands every human being.

The vital force of the plant is allied to his vital force. The life of the mineral waits to be combined with his life. But the nearer we approach to the recognition of the true principles of cure, the greater power we shall possess.

From whatever point of view we look at the progressive tendencies of our times, we everywhere see that the world knows no such word as rest. In all the varied departments of life, we are constantly startled with new discoveries ; and it needs a busy brain to keep itself informed even of the new application of principles in art and science. We are not to suppose that any truth, whether ethical, philosophical or scientific, is new ; it is only that the recognition of it, is for the first time made, and a new light dawns in the mind of some discoverer.

Ever since a mineral lay in its bed, or a plant grew from the sod, there has been the hidden force, and the atomic distribution of particles, little by little have men unfolded the truths that nature so richly holds, and we can almost call disease a blessing to the human race, since through it men have learned to bend their energies to the unfolding of those laws that ally man to the world about him. Patient research has opened to us the wonders of the human structure, and scarcely can there be found a spot in the body that has not its distinct use clearly revealed, its familiar name given, and the mode of its operation, the manner of its building up and its decay set forth.

Men with clear heads and willing hands, have laid open the wonderful mechanism that is found to embody every principle of mechanics. And are we to suppose the end is reached ? Has Carpenter or a Dalton grasped the ultimatum, found the full power, the complete beauty of the human structure ? We may be assured that it is not so. Each age brings forth its fresh revelations. We want still clearer brains, and yet

more willing hands, and what one man cannot do, many men can help do.

To this end we are ever bound to be on the alert to detect those hidden and subtle causes of life, and of the material action of life; or, as Hahnemann expresses it, "the disturbed vital force." We have also important duties in that higher office of finding how mind acts on matter, and becomes an agent of cure or of disease. No true physician can fail to be a preacher of the everlasting Gospel of peace. Not by words but by a life consistent with the high vocation he has chosen.

The spirit in man, the life force is the actor in the field. To no other power can he appeal. To quote again from our great teacher, Hahnemann: "In disease, this spiritual force, which is active in itself, and universally present in the body, is the only one which at first perceives the dynamic influence of the agent hostile to life. Having been disturbed by this perception, this force becomes capable of communicating to the organism the disagreeable sensations which it experiences, and of driving it to those unusual actions we call diseases."

To bring peace to its disturbed condition requires no rude hand. Delicate as the touch of a mother, soothing as her magnetic life should be that power that allays the half-hidden tempest in the human frame.

But we want no rude experiments. Life in all its phases is too valuable to be tampered with. We need that discernment and that sympathy with human life and with the material world that shall enable us to take from the latter and bestow it for the perfection of the former. There can be little doubt but that at some moment, in every form of disease, the right force, added to the efforts of nature, would throw off the unnatural condition and restore the system to harmony. But unfortunately that moment may have passed before the remedy could be applied, or the right one perchance was not clearly indicated. Too often, however, the practitioner follows the beaten road of custom and does not pause to look at the leadings of that force which is the true index finger pointing to the most direct road to restoration.

But we are in less danger of becoming each the disciple of

another, because the divergence in homœopathic practice is so great, that to consult authority results too often in one's becoming confused and finding himself entirely without landmarks. This is all right as far as training the mind to research is concerned, but it is not always right that the patient should lack the speediest and most appropriate aid.

For this reason we need a more united action in the homœopathic school, and the bringing together of the experience of the most studious observers. Sometimes those that say the least and work silently and alone, at the great problem of nature, have the most valuable information.

But we should all feel that every new discovery belongs to the world and not to the individual that makes it. All great men are generous in giving. They claim nothing as their own, but impart as freely as does nature. But there are men who hold wonderful curative powers in their hands, who are reticent and demand the compensation of favor and worldly honor entirely to themselves.

Our beloved master bestowed his gifts as freely as he received them. He generously laid open his most valuable discoveries. Because he cured his patients with a minute portion of medicine, was with him no reason why he should declare himself an opponent to the old theories of practice. He could have kept his own secret, and won for himself fame and wealth. But with him the world was his pupil and every sick and suffering one his patient.

He would declare the knowledge that he had gained, and not hide it under a bushel. Look at the result? In all countries and in all tongues the new truth is proclaimed. Who can selfishly keep to himself the knowledge that he has gained by experience, after such an example?

And now, in closing my imperfect essay, let me say there is one heroic course for each of us to pursue, namely: to proceed with unfaltering steps as far as possible towards that higher and nobler attainment that lies before each one.

Outside influences, the slights or frowns of others, their misappreciation, or misrepresentation can never influence one iota the truth, or him who is devoted to it.

It is not formal aggrandizement that we are to seek, but the more perfect unfolding of the laws that ally man to matter, and make him a recipient of health and strength, from the right use of those forces that lie almost hidden in the kingdoms below him.

Let this be our aim—the highest use and the most perfect understanding.

Miscellany.

For the American Homeopathic Observer.

UNEDUCATED PRACTITIONERS IN MEDICINE.

BY R. W. NELSON, M. D.

There is no country in the world where quackery rules so predominant as in this land of liberty and equality. In Europe, if a medical man removes to any other country than that in which he graduated, he has to produce his qualifications before a Board, authorised to examine his testimonials, and grant him a license to practice. For instance, a surgeon or physician removing from England to Canada, on arriving in the colonies, has to produce his diploma and be properly qualified by license. A physician going from the United States to practice in Canada, has to produce his qualifications, which are accepted as testimony that he has properly studied, which being satisfactory, he will be admitted to examination, and on passing he will be licensed to practice; and any person practicing medicine without being properly licensed, in England or the British Colonies, is subject to prosecution and fine of \$250.

In Valparaiso, West coast of America, a doctor is obliged to reside twelve months in the place, study the Spanish language, and then pass an examination in medicine, which is conducted in Spanish; else he is not allowed to practice; here any one, nomatter whether he has been but a barber-surgeon in the old country, or never attended a course of lectures in the new, merely awaking to his own extraordinary merits, thinking that he knows all about it, that it is all moonshine to attend lectures or take out a diploma, that in fact he was born a natural doctor—which means he was born a natural fool—sticks out his shingle, styles himself a doctor, berates properly qualified practitioners, and rides himself into a practice. And when at last discovered at the expense of many valuable lives, either entirely sacrificed or helplessly reduced to invalidism, removes to another place to boast over his prowess and talent as a physician.

Uneducated practitioners in medicine (I use the term in contradistinction to physician, they not being such,) men who have never seen the inside of a college, nor attended a course of lectures, who

have never even examined the anatomy of the human body, are perfectly ignorant of physiology, and still more so of pathology, dare to tamper with human life and prescribe medicines for symptoms without being able to ascertain what disease these symptoms denote.

It has been remarked by an eminent writer of one time,—“If an arrogant pretender or a benevolent enthusiast were to call upon a manufacturer or mill owner, and to tell him that his cloth is not good nor well finished, or that his damask was not perfect, the pattern was not clear, and the fabric of a bad sort, and add that he had a certain oil or spirit, which being mixed with the wool or rubbed on the machinery, would put all right and make his cloth or damask the very best that could be produced, that it made no difference whether the machinery was in bad trim, or broken, or worn out, or out of repair, or whether the engine man neglected his duties, or whether the workmen were in disorder, or whether the governing and directing head of the establishment was incompetent, or whether the wool with which the machinery was fed was of a uniform bad quality; no matter what was the cause of the cloth or damask being imperfect, only rub the head of the engine with this wonderful oil or spirit, and pour two table-spoonfuls of it every morning into the wool, when it was put to the slubbing machine, and that would cure all defects—would not the proposal be laughed at by every workman about the premises as outrageously absurd? And why? Because the workmen *understand* the machinery and business in which they are employed.

Look to other professions. We will see that no person will be permitted to even enter a pulpit to preach unless he has been properly educated and ordained to the ministry. What person would think of entrusting an important lawsuit to any but an educated lawyer, yet the qualifications of a practitioner in medicine are never questioned; it is sufficient that in some high flown braggadocio language, he would make you believe that he is pre-eminently the man to cure all the ills that flesh is heir to.

You will always remark that this class of men are in the habit of button-holing men in the street, and giving them a lecture on their extreme merits in the science of medicine; it is their universal theme at the boarding house table, at all social gatherings, and in fact wherever they can intrude their presence under the garb of friendship or advice.

The incompetent engineer, who ventures to meddle with a piece of machinery without understanding its powers and the mechanism of its construction, not only runs a risk of injuring the machine, which possibly he might make little account of or disregard, but if it be in action at the time, (as in the analogy attempted to be drawn in the case of the human body,) he will probably himself suffer in life or limb, the penalty for his rashness in intermeddling with that which he does not understand; and were a part of the physical mischief resulting from the practice of empiricism, to fall upon the empiric himself, the portion of the mammon of unrighteousness, the amount of injury of their fellow creatures, would be considerably diminished.

The remedy against these evils is perfectly within our reach, and as a duty we owe to the dignity of the profession, to ourselves, to the students who prefer to qualify themselves for an honorable career, and for the protection of the community, we call upon the different State Medical Societies to have such legislation upon the subject as shall remove this outcrying evil and raise the profession to its proper standard.

To effect these measures, in the first place, no person should be allowed to practice medicine without obtaining a State license. Any physician, whether arriving from abroad or coming from another State, and wishing to go into practice in this State, should first present his credentials before a properly authorised Board, appointed for that purpose, whose duty it would be to closely examine the same, to see that the name on the diploma was correct, and that there had been no erasure whereby it might have been altered, and on being satisfied of the same, would grant a license which should set forth the name of the physician in full, the college where he graduated, and the date of the same. Any physician attempting to practice without such license should be liable to prosecution and fine of not less than fifty dollars for every offence; and that on the passing of this act, all physicians in practice should, within three months, present their credentials and obtain their licenses, or be liable to prosecution and fine, as above.

I would call the attention of life insurance companies, especially those which are starting upon the homœopathic principle, to make use of this suggestion without waiting for legislation, and not appoint any physician as examining physician without his first producing his diploma, as it might entail severe pecuniary losses to them and seriously injure their reputation to have such men connected with their institutions.

In the second place then, having thus secured the impossibility of unqualified men practicing, the several colleges should guard against granting diplomas to men who have not properly studied and prepared themselves to exercise their art, it having been too much the habit of Professors of colleges to graduate large classes of students every commencement for the sake of the fees, thus legalizing a number of men who are not really prepared and who must learn their profession at the expense of the community who suppose they are capable because they have graduated. These things should not be, the colleges would study their own interest by being more strict, and sending forth men capable of fulfilling the duties they promise, and reflecting credit upon their Alma Mater. As Dr. Marshall Hall beautifully expresses it; "There are no quacks among the engineers, because every one knows that an engine must be understood by him who would repair it. When this truth obtains in regard to medicine, then, and not till then, will that most complicated of machines—the human frame—cease to be confided, in the derangement of its functions or the diseases of its structure, to any one who is ignorant of the many springs of its action, and principles of its composition."

For the American Homœopathic Observer.

Practice of Medicine.

WAS IT ASIATIC CHOLERA OR NOT?

BY S. LILIENTHAL, M. D., NEW YORK.

Mrs. B. R——, 32 years old, sanguine temperament, good constitution, is the mother of three healthy children, 12, 9 and 6 years of age, and usually enjoying good health. Four or five years ago, she was severely affected with follicular angina, but recovered fully after a few months. Last summer she had a slight attack of remittent fever, but got well after a few days illness. Since then enjoyed good health, free of care, except the drudgery of a large household, and endeared to a large circle of relatives and friends, she could look hopefully into the future. She had her courses for the last time at the beginning of June, considering herself three months pregnant. During the whole week, from the 15th to the 22d of September, we had a great deal of rain, foggy mornings, and when the sun was out, hot and heavy. Abdominal diseases slightly increased again in our city. Mrs. R. began to suffer from a bilious diarrhœa. On Sunday, the 16th, she took several family medicines and cholera drops, but it run on for several days, without being checked. Wednesday, the 19th, for the first time, she lost her appetite, felt nausea, vomited towards morning, and the diarrhœa increased during the night. About 4 o'clock in the morning, she had a show, and fearing a miscarriage, she concluded to keep her bed.

Thursday, 20th.—Flow increases to regular, but moderate flooding, and about noon her husband came for medical advice.

I saw her about an hour later, the foetus, well-formed for three months, about the length of a finger, with a navel-string about the size of coarse thread, had come away about an hour before under severe labor pains, and flooding had increased. She complained of not having passed water since the evening

before, had a haggard look for such a short illness, and passed large clots of blood, with severe pain in the back, and soreness over the whole abdomen. Excruciating thirst, restlessness, clammy perspiration of face and hands; faintishness, but mind calm, acknowledging the serious condition she is in.

Examining per vaginam, I found it full of clots, and the mouth of the uterus open. My own experience, corresponding with that of many other physicians, I gave Trillium in full confidence that it would relieve her. Three p. m.—No better, flooding more moderate, but steady; more bright red and fluid. Complains greatly of the burning, unquenchable thirst, could drink a full pitcherful; and as to her weakness she cannot understand how one can become so weak in a few hours. I changed to Sabina, which corresponds in its symptoms to that excessive weariness, retention of urine, abortion and flooding—even diarrhoea. 8 p. m.—Her state is getting worse, as nothing seems to control her flooding. Mustard plaster between the shoulder blades, ice in the vagina and on the genitals, internally Sabina and Hamamelis. Digitalis and Opium were thought of, but I would wait yet before firing off those big allopathic guns.

10 p. m.—Nausea increases; her chest feels as if she would choke, her inside is burning up, she says. Faintness; cold, wrinkled hands; pulse fading; expression of the face anxious and dirty looking; flooding nearly checked. Urinated freely about 11 o'clock and had a bilious smelling passage, which increased the flooding again. Arsenicum and brandy every fifteen minutes.

1 a. m.—No more vomiting, lies [more quiet, hemorrhage nearly stopped, but is evidently sinking. Arsenicum, Crotalus and brandy.

[Crotalus has helped us out this summer in several severe cases of dysentery, with typhoid symptoms].

9 a. m.—No reaction took place, and she died quietly, perfectly composed, having her senses to the last.

This is a plain statement of an unsuccessful, but instructive case, and I acknowledge now, with deep humility, that if I ever have another case with the same symptoms, I would treat it

differently. Let us examine it more critically. It is nothing else but a case of Asiatic Cholera, and the abortion merely the sequel ; a reflex action, communicated from the bowels to the uterus. In this way, during the days of neglected diarrhœa, and by it, contraction of the uterus were at last provoked, terminating in abortion; and we believe the connection between really serious and even fatal disturbance of the gastro-intestinal mucous membranes and pregnancy, is more common than has been suspected.

In our case the foetus was discharged already, after a few hours; and the flooding, although lasting 12 hours, could not have been the cause of death, for in those earlier months of pregnancy the blood-vessels are a great deal less developed, as it would be in post-partum hemorrhage, and our patient even in death had more of a bluish than a blanched aspect. Every physician can bring cases to his mind where it took even weeks before the flooding was entirely stopped, and the women recovered quickly in spite of the loss of blood. In embryonic abortions the placenta has not formed any uterine attachments yet, and even its retention then could not have been the cause of death, although we sincerely believe that the labor pains brought it away with some of the clots, after the foetus was discharged. and even in later months, the placenta is frequently retained until putrefaction takes place, passing away piecemeal, as it were, and the patients recover without injury. Let us inquire, furthermore, what are the usual symptoms of abortion? And we have, chill, labor-pains, soreness over part or whole of the abdomen, and hemorrhage.

Now to the symptoms of cholera: As prodrome we have that diarrhœa, with its usual exhausted feeling, which proves it to be not a common looseness of the bowels only. Has the cholera poison struck deeper, we find severe thirst, anuria, clammy state of the skin, with or without coldness, cramps of the extremities added to the purging and vomiting. And if this death-dealing poison strikes with its utmost, terrible force, the great nerve centres, and we wonder that no reaction whatever takes place, and the patient succumbs at once, as if struck by lightning. Hale, in his great work, gives cholera as a cause of

abortion, which usually takes place after the onset of the cholera attack. We find nearly the same relations in confluent small pox, followed by the death of the mother, and very frequently in severe cases of typhus.

“*Similia similibus curantur*” contains in its fullest sense also the “*indicatio causalis*,” and the old adage “*sublata causa tollit effectus*,” holds also good in our therapeutics. My patient suffered from cholera, although rice-water discharges were not confirmed by ocular demonstration, as all her symptoms clearly show, especially the early stoppage of all urinary secretion ; and instead of losing time with uterine remedies, I think our duty points us out to attack the enemy in its stronghold by anti-choleric remedies. Let us see.

1. Arsenicnm, in cholera, according to Baer and Kafka, especially indicated where, without much forewarning, the attack appears right off in its full severity. Collapse at once, filiform pulse, with severe palpitation ; great dyspnœa, unspeakable anxiety and restlessness ; unquenchable thirst ; burning pains in the stomach and abdomen ; perfect stoppage of all urinary secretion. Its uterine symptoms give us profuse hemorrhage, with discharge of black clots, and lancinating, pinching pains in the back and sides of the abdomen.

2 Apis mellifica.—We are now treating a great many cases of dysenteric diarrhœa where Apis 50 has done us more good than any other remedy. Our indications are : Green, or yellow, watery stools, with mucus and epithelial shreds, sometimes containing considerable blood. Bowels are sore even to the touch ; griping pains before stool, and continuing even after it. In pure dysenterica, it left us entirely in the lurch. Diminution of urinary symptoms is another of its symptoms. Its abortive qualities were known years ago, and its action on the uterus proven in many a case. In the beginning of our case, Apis might have checked the diarrhœa and thus kept the abortion off.

3. Crotalus. I should think that this remedy might help us out in cases of collapse in those quickly fatal cases, and bring on some reaction. Our provings are very meagre, yet in

some cases of typhoid dysentery it has done us valuable service, also in some cases of spinal meningitis.

4. *Secale cornutum*—has uterine symptoms enough, to make it a simile, and adding to it its many choleraic symptoms, ought to be one of our first remedies thought of in such an aggravated case. Yet neither Kafka nor Baer speak favorably of it in cholera, and Hale finds it only suitable to feeble, exhausted cachectic women. Alas ! In the multitude of counsellors there is not always help !

5. *Acidum Hydrocyanicum*—a great but not sufficiently tried remedy, in these cases which end fatally in a few hours ; but neither uterine or hemorrhagic symptoms are found in the provings, or in cases of poisoning. All other acids work too slowly to be of any effect in such cases.

Arsenicum and *Secale* are therefore the remedies which hold out some promise of success, although there always will be cases which baffle all our skill. Was this case one of them ? I would thank our friends—Hale, Ludlam and others—to give us their experience in such cases.

The above article was accompanied by the following note :

NEW YORK, 220 West 25th St., Sept. 26th, '66.

DR. EDWIN A. LODGE.—*Dear Colleague:* Enclosed I send you my first contribution to your valued journal. You see I want my unsuccessful case widely distributed, if you think the case worth printing ; but I confess that I felt more easy in my mind when I heard from Dr. Harris our Sanitary Inspector, that 54th and 55th sts., near Broadway, was last week an infected district, as several cases of *Cholera Asiatica* ended fatally in that neighborhood.

Fraternally Yours,

S. LILIENTHAL, M. D.

For the American Homœopathic Observer.

USES OF THE COLPEURYNTER.

BY DR. JOHN DOY.

As I have not seen anything in the medical papers that treats upon the uses of the colpeurynter, and as it has been suggested that some one who has used it should report, I will give my experience with it.

Mrs. A——, a young married woman ; never had a child ; strained herself while whitewashing ; a hemorrhage com-

menced from the uterus with pain, and continued, notwithstanding Hamamelis, Nitric acid, Aletris, Secale, and various other drugs that are generally used. After thus lingering on for four days, I rolled up the compound colpeurynter into as small a compass as possible, anointed it with a little fresh lard, and inserted it into the vagina ; I then inflated it. This acted as a tampon. After preventing the escape of air by a ligature, I attached an Essex syringe to the outside tube and injected very warm water, until the patient gave signs of increased pain. After half an hour I let out the water, and used more, quite warm, which brought on regular pains, and in six hours after commencing, thus using water but twice, pains became very strong and regular. I then withdrew the instrument and the contents of the uterus were discharged. In a few days, by being quiet, the patient recovered. This will illustrate its use in cases of a similar nature, where it is necessary to produce uterine contractions.

Mrs. B—— was attacked with uterine hemorrhage of an alarming character. I was unable to control it until I inserted the colpeurynter, filled it with air, and by the side tube threw up a quantity of ice or cold water, changing it again in fifteen minutes. In one hour I had the satisfaction of knowing that the discharge had nearly ceased, and no further use for the instrument was called for.

Mrs. C——, formerly a factory girl, with deformed pelvis, when seven months advanced in pregnancy, was taken with very irregular pains and thus continued for eight days. She begged me to do something to ease her pains. I used the instrument to assist in dilatation, which answered an excellent purpose, in her delivery.

Having given its general use in my hands, and taken up sufficient of your valuable space, I will conclude with asking our friends who write, to make their communications as plain as possible.

Materia Medica.

A PROVING OF MYRICA CERIFERA.*

BY LELAND WALKER, M. D

DESCRIPTION.—This plant, known also by the name of *wax myrtle*, *wax berry*, etc., is a branching half-evergreen shrub, from one to twelve feet in height, and covered with a grayish bark. The leaves are glabrous cuneate-lanceolate, rather acute or obtuse, distinctly petiolate, margin entire, but more frequently remotely dentate, particularly toward the end, paler and with distinct veinlets beneath, generally twisted or revolute in their mode of growth, shining and resinous, dotted on both sides, and from an inch and a half to two inches and a half in length, by half an inch to three quarters in width. The *flowers* appear in May, before the leaves are fully expanded. The *males* grow in aments, which are sessile, erect, from six to nine lines in length; originating from the sides of the last year's twigs. Every flower is formed by a concave rhomboidal scale, containing three or four pairs of roundish anthers on a branched footstalk. The *females*, which are on a different shrub, are less than half the size of the males, and consist of narrower scales, with each an ovate ovary, and two filiform styles. To these aments succeed clusters or aggregations of small globular fruits, resembling berries, which are at first green, but finally become nearly white. They consist of a hard stone enclosing a dicotyledonous kernel. The stone is studded on its outside with small black grains, resembling fine gunpowder, over which is a crust of dry, greenish-white wax, fitted to the grains, and giving the surface of the fruit a granulated appearance. The *fruit* is persistent for two or three years. This plant is found in dry woods or in open fields, from Canada to Florida. The bark of the root is the officinal part; boiling water extracts its astringent, and alcohol its stimulating principles.

PROVING.

I am in good health and have been for a long time: bowels regular, once a day; urine a light amber color and normal in quantity; temperament, nervo-bilious, with a little of the sanguine; of mild

* A graduating Thesis submitted by him to the Faculty of Hahnemann Medical College—class of '65-6.

disposition ; occupation, student of medicine ; of strictly temperate habits ; usual hours of sleep from 11 P. M. to 6 A. M. ; take my meals regular, three times a day ; exercise freely by walking in the open air.

Nov. 25th, 1865.—Weather warm and dry. 9:30 A. M., took 10 drops of the 1st decimal dilution. 12:30 P. M., repeated. 6 P. M., repeated. 9 P. M., repeated. 11 P. M., no symptoms, repeated the 10 drops and retired for the night.

Nov. 26th.—Slept well all night, pulse 54. 8 A. M., took 20 drops. 9 A. M., had a natural stool. 12:30 P. M., pulse 75 (before eating,) repeated. 5:50 P. M., no symptoms, only feeling a little tired, repeated. 11 P. M., feeling well, pulse 71, full and soft, repeated.

Nov. 27th, 7 A. M., took 30 drops. 10:30 A. M., repeated. 2 P. M., no symptoms, repeated. 4:40 P. M., repeated. 9:40 P. M. took 60 drops.

Nov. 28th.—Awoke with dull heavy pain in the frontis and through the temples ; pulse 51, feeble and irregular ; had amorous dreams and emission of semen, an unusual occurrence, not having been subject to a like circumstance before within my recollection ; pain in head, worse when stooping or moving about. 9:30 A. M., took 20 drops of the mother tincture. 12:50 P. M., pulse 65, (before eating,) repeated. 4:50 P. M., took 30 drops. 11 P. M., pulse 59, repeated.

Nov. 29.—Slept well through the night ; pulse 60 ; 7:30 A. M., took 50 drops. 9 A. M., had a natural stool. 12:50 P. M., felt dull and drowsy for the last two hours ; dull heavy pain through the front portion of the head, worst in the left temporal region ; increased appetite ; unpleasant fullness in the stomach and upper part of the abdomen ; feel better in the open air. 2 P. M., pulse 65, (one hour after eating.) 6 P. M., constant hunger, yet a sensation of fullness, as if I had just eaten a hearty meal, although nothing has been taken into the stomach since 1 o'clock P. M. ; pulse 70, full and strong. 11 P. M., pulse 72, full and strong ; have had dull pain in the forehead and eyes all the evening, and felt drowsy and stupid, except when walking in the open air ; took 60 drops and retired.

Nov. 30th.—Slept sound, more so than usual, and until after 7 A. M., awoke with dull, heavy pain in the forehead and through the temples ; the same sensation of hunger and fullness of the stomach and abdomen, with rumbling of bowels ; pulse 56 and feeble. 8 A. M., took 60 drops. 9 A. M., natural stool ; pulse 71 ; 3:30 P. M., dull, aching pain all through the head and in the neck ; aching pain in the

upper and lower extremities ; have several times during the last two days felt a sharp piercing pain at the inner side of the left knee joint, but passing off so quickly, I have not thought it worthy of much notice ; weather is cold and damp, 9:40 p. m., pulse 70 ; craving hunger ; fullness of the stomach and abdomen ; head symptoms less severe than in the fore part of the day ; took 100 drops.

Dec. 1st.—7 a. m., dull heavy pains all through the head, most severe in the frontis and through the temples ; pain and stiffness in the neck, especially in the nape ; dull pain in all the extremities ; had a restless night, considerable dreaming but cannot recollect anything particularly about the subjects dreamed of ; pulse 52 ; took 140 drops. 9 a. m., stool natural. 11 a. m., pain all through the head quite severe in the temples, with throbbing in the superficial veins, attended with a semi-stupor ; pulse 75 ; weather cool. 1 p. m., the symptoms, somewhat mitigated ; dull, dragging pain in the small of the back, quite severe at times ; increase of urine during the last three days, constant, craving appetite, with sensation of fullness in the stomach and abdomen ; pulse 66, (before eating). 10:30 p. m., the same symptoms continue as noted during the day ; pulse 62 ; *took no more of the drug.*

Dec. 2d.—7:30 a. m., slept very well all night ; awoke with dull pain in the frontis and temples, pain in the small of the back, about the same as yesterday, only more persistent ; pulse 72 ; 9 a. m., stool natural. 12:50 p. m., dull pain in the frontis and through the temples, and in the muscles of the neck ; a kind of drowsy stupor ; constant, dull, dragging pain in the small of the back ; not very severe ; pulse 62, (before eating) ; 11:30 p. m., same symptoms continued during the day, though less severe ; pulse 70.

Dec. 3.—Awoke with dull, heavy pain in frontis and through the temples, throbbing in the superficial veins of the head ; pain in the back, less severe ; pulse 78. 9:30 a. m., stool nearly natural. 6 p. m., have had drowsiness attended with vertigo, most of the time through the day ; craving hunger, with sense of fullness in the stomach and bowels ; pulse 76 (before eating). 11 p. m., pain in the back ; continuous head symptoms less severe ; pain under the left scapula ; pulse 65 ; passed 31 ounces high colored urine, during the last 24 hours, specific gravity 1020.

Dec. 4th.—Slept soundly through the night ; awoke about daylight, with severe pain in the frontis and temples ; eyes feel swollen and with a yellowish tint ; dull pain in the small of the back ; feel better after a light breakfast ; the same fullness of stomach and bow-

els, and craving hunger as before mentioned; pulse 71 (before eating;). 9. A. M., stool nearly of natural consistency, but lighter colored than usual; 12:40 P. M., have been dull and drowsy, attended with vertigo, much of the time, during lectures, all the forenoon; but not much pain in the head; dull pain in the small of the back; a sharp pain once (lasting but a few minutes) in the chest, in the region of the heart; pulse 56 (before eating). 11 P. M., head and back symptoms slightly mitigated; pulse 61; passed 43 ounces urine during the last 24 hours, color nearly normal; have no means of testing the specific gravity.

Dec. 5th.—Slept very well through the night; awoke with severe headache; better after rising and washing with cold water; fullness of the stomach and bowels; craving hunger; pulse 54, (before eating). 8:30 A. M., stool natural, only too light colored; pulse 71, (after eating). 12:50 P. M., head and back symptoms very much mitigated; coldness of the lower extremities, with pain from the knees down; pulse 61, (before eating). 6:20 P. M., continue to feel hungry, yet a sensation of repletion; pulse 68, (before eating). 11 P. M., pulse 60; passed 36 ounces urine to-day, color nearly normal; specific gravity 1013; a light colored sediment after standing, (the first that has been observed).

Dec. 6th.—Slept quietly all night; awoke feeling quite well; pulse 59, (before eating); appetite nearly normal. 9 A. M., stool lighter color. 4:30 P. M., have been drowsy while sitting in the lecture room this afternoon; feel better in the open air; pulse 82. 11 P. M., pulse 66; feeling better; passed 37 ounces urine during the last 24 hours; specific gravity 1028; considerable light colored sediment after standing.

Dec. 7th.—Feeling well; pulse normal. 9 A. M., stool natural. 10 P. M., passed 23 ounces urine during the last 24 hours; specific gravity 1031; considerable light, brownish colored sediment, after standing.

Dec. 8th.—Pulse 76, (half an hour after eating). 8:30 A. M., stool natural. 12:50 P. M., appetite natural; feeling well. 10:50 P. M., pulse normal; passed 47 ounces urine during the last 24 hours; specific gravity 1024; no sediment discovered.

Dec. 9th.—9:30 A. M., stool natural; weather cold and snowing. 11:40 P. M., pulse 68; feeling well; passed 24 ounces of urine to-day; specific gravity 1035.

Dec. 11th.—11 P. M., feeling well; pulse normal; passed 22 ounces of urine during the last 24 hours; specific gravity 1029.

Dec. 11th.—Weather cold. 8:30 A. M., natural stool; feeling about the same as yesterday. 10:40 P. M., passed 40 ounces of urine during the last 24 hours; specific gravity 1022.

Dec. 12th.—Bowels regular; pulse normal; passed 33 ounces of urine to-day; specific gravity 1025.

Dec. 13th.—Weather very cold; feel well; pulse normal; appetite good. 10:40 P. M., passed 33 ounces of urine during the last 24 hours; specific gravity 1021.

PROVING WITH THE BARK.

Dec. 14th, 1865.—Commenced the proving with the crude pulverized bark. 7:30 A. M., took five grains; weather very cold. 11 P. M., no symptoms; passed 27 ounces of amber colored urine during the last 25 hours; specific gravity 1028.

Dec. 15th.—7:30 A. M., no symptoms worthy of notice; took 10 grains (before eating). 9 A. M., stool natural, 10:40 P. M., no head symptoms worthy of record; dull aching pain in the small of the back; passed 28 ounces of urine during the last 24 hours; specific gravity 1028.

Dec. 16th.—Awoke with dull pain in the frontis and temples; dragging, aching-pain in the small of the back; slight soreness in the throat. 9 A. M., regular motion of the bowels. 12:40 P. M., throat sore; dull pain in the back continues; head feels better. 11 P. M., pulse 76 and full; head clear; back and throat continue about the same as through the day; passed 24 ounces of urine during the last 24 hours; specific gravity 1030; color a little darker than usual.

Dec. 17th.—Awoke with dull pains in the head and back; pulse 63, small and feeble; feel hungry; fullness in the stomach and abdomen. 8 A. M., took 20 grains. 10 A. M., natural movement of the bowels. 2 P. M., pulse normal; head and back about the same as in the morning; throat feels sore. Put some of the pulverized bark, moistened with water, on the posterior part of the fore arm. 10:30 P. M., throat sore, sensation of a foreign substance requiring it to be frequently cleared; deglutition rather painful; pain in the head and temples rather less continued; dragging pain in the small of the back; passed 27 ounces dark colored urine during the last 24 hours; specific gravity 1024.

Dec. 18th.—Awoke with dull pain in the frontis and temples and in the small of the back; constricted feeling in the throat; throat feels swollen inside. 8:30 A. M., stool rather light colored, but of natural consistency; pulse 80, (one hour after eating). 1:20 P. M.,

head feels better; throat and back the same. 5 p. m. pulse 76, (before eating); craving hunger; fullness in the stomach and abdomen as after a hearty meal. 11 p. m., pulse 71; feeling better, except the craving hunger and fullness in the region of the stomach and abdomen, that being continued; passed 30 ounces of urine to-day; specific gravity 1023, rather darker than usual.

Dec. 19th.—Awoke with the same head, back and throat symptoms as yesterday morning. 7:30 a. m., took 40 grains; nausea and gagging without being able to vomit, soon after taking the drug. 9 a. m., light colored stool of nearly natural consistence. 2:30 p. m., pulse 71, (after eating); head feels better; throat rough and constricted; dull pain in the back; fullness in the stomach and abdomen; constant craving hunger. 10:30 p. m., pulse 72; slight pain in the head; roughness of the throat requiring it to be constantly cleared; fullness in the region of the stomach and abdomen; dull pain in the back; passed 31 ounces of dark colored urine during the last 24 hours; a pinkish brown sediment at the bottom of the vessel after standing; specific gravity 1024.

Dec. 20th.—Awoke with slight headache; constriction of the throat, dull dragging pains in the back; pulse 60; fullness in the stomach and abdomen; appetite poor. 6 a. m., loose, light colored stool. Took 80 grains. 11:30 p. m., pulse 70, (before eating); constant need to swallow, from sense of constriction in the throat; dull pain in the frontis and temples; deficient concentration of the mind on any subject; dragging pain in the small of the back; fullness and pressure in the stomach. 10:30 p. m., pulse 76; all the symptoms continue about the same; stringy mucus in the throat, detached with difficulty; frequent eructation of flatus from the stomach; drowsy stupor, very difficult to keep the mind concentrated on any one thing long at a time; eyes feel heavy and dull; the topical application on the arm made no sensible impression on the skin; passed 21 ounces of high colored urine within the last 24 hours; specific gravity 1030.

Dec. 21st.—Awoke feeling tired, as if I had been laboring hard; scalp feels sore to the touch; dull, drowsy sensation of the head, hardly to be called a pain; dragging pain in the small of the back; eyes feel heavy and weak. 9 a. m.—pulse 66, (after eating); took 160 grains. 12:50 p. m., pulse 67, (before eating); drowsy stupor all the forenoon; could not keep the mind on the subject of the lectures; dull, aching pain in the front part of the head and through the temples; stomach and upper part of the abdomen distended; fre-

quent eructations of flatus; same dull, aching pain in the back; eyes feel dull and heavy. 10:30 P. M.—pulse 72; throat sore and rough, with frequent and difficult deglutition; occasional pain in the bowels during the afternoon and evening; dragging pain in the back; head symptoms less severe than during the day; no stool to day; passed 20 oz. of high colored urine, to-day; specific gravity 1032; took no more of the drug.

Dec. 22d.—Had a restless night until 2 o'clock—then slept until 7 A. M.; awoke with dull pain in the head and eyes, eyes congested and yellow; dull, heavy pain in the small of the back; roughness of the throat, and the nasal organs affected very much like catarrh; no appetite, tongue furred, bad taste in the mouth and nausea. 9 A. M.—soft, mushy stool. 11 P. M.—pulse 70, same general symptoms as in the morning; urine very high colored and frothy, containing considerable pinkish-brown sediment; passed 19 ounces during the last 24 hours; specific gravity 1031.

Dec. 23d.—Had a restless night; all the symptoms of the head, throat and back continued and increased; passed this morning three and one-half ounces of very high colored urine; it looks like strong beer, with a large amount of froth of a yellowish tint; specific gravity 1032; left the city this morning; miserable dejected feeling all day; no desire for food.

Dec. 28th.—Returned to the city last evening, feeling miserable and dejected; no appetite; took no breakfast this morning; during the last four days have not been able to test the urine, either in quantity or specific gravity. It has been very scanty, high colored and frothy. No appetite; dullness and heaviness of the head and eyes; pain in the back; dull pain in the hepatic region; feel sick and debilitated all over; conjunctiva congested and yellow; face and neck yellow; frequent eructations of flatus, relieving the pressure in the stomach for a short time only.

Dec. 29th.—Awoke from an unfreshing sleep, with an exacerbation of all the symptoms; bad taste in the mouth; tongue thickly coated, a dirty white or yellowish color; throat and nasal organs filled with an offensive, tenacious mucus, detached with difficulty; the whole surface of the body presents a yellowish tint; no desire for food, but rather a loathing; strong desire for acids; ate a very little breakfast, per force; bowels torpid; soft, mushy stool, of a light, clay color. 10 P. M.—all the symptoms continue in an aggravated form; feel chilly when out in the air; aching in the limbs and all over the

body, like that preceding ague; passed 19 ounces of beer colored, frothy urine, during the last 24 hours; specific gravity 1026.

Dec. 30th.—Had a restless night, slept but little; constant, miserable, sick feeling all over; all the symptoms continue in an aggravated manner; complete jaundice aspect. Passed 15 ounces of very high colored urine; specific gravity 1031; stool straw colored, soft and mushy.

Dec. 31st.—The same general indications continue, with increased debility, can hardly keep around. Passed 18 ounces of urine of the same general appearance as before; specific gravity 1027.

Jan. 1st, 1866.—I feel that I am getting worse and am nearly discouraged; took a grain pill of Podophyllin, night before last. 8 A. M. (this morning), took one grain Leptandrin, 1st decimal trituration. 11 A. M., took three drops Nux vomica, 2d decimal dilution. 11 P. M., passed during the last 24 hours, 43 ounces of high colored urine; specific gravity 1024; had two evacuation from the bowels, soft, mushy, and very light colored.

Jan. 2d.—Feeling no better; took grain doses of Arsenicum album 3d decimal trituration and Mercurius dulcis, 1st decimal trituration, alternatively once in three hours; passed during the 24 hours, 25 ounces of very dark colored urine; specific gravity 1026.

Jan. 3d.—No better; continued the Arsenicum and Mercurius every three hours; feel weak, drowsy and so stupid as to be unable to keep the mind concentrated on the subject in the lecture room; passed 22 ounces of beer-looking frothy urine; specific gravity 1025.

Jan. 4th.—Continued the Arsenicum and Mercurius every three hours; passed 20 ounces of urine during the day, having the same appearance as before, specific gravity 1026.

Jan. 5th.—No better; feel quite desponding; cannot read nor keep in mind for two consecutive minutes the subjects under consideration in the lecture room; feel dull, stupid and almost completely prostrated; the color of the eyes and whole surface of the body is of a deep, bright yellow; entire loss of sexual desire—this has been a constant symptom since the third day of the proving; took Digitalis 1st decimal dilution, every three hours.

Jan. 6th.—Slight improvement; continued the Digitalis 10 drops three times a day.

Jan. 7th to the 10th, inclusive.—Improvement continues gradually; yellowness of the eyes and surface of the body is fading; urine lighter colored and increased in quantity; stools darker and more

consistent; feeling better in every respect; continued the *Digitalis* once a day.

Jan. 20th.—Still improving; stools and urine nearly normal; feel quite well, except the general debility consequent upon long continued sickness.

Jan. 25th.—Symptoms have all disappeared, and I am feeling well. It is highly proper that I should here remark, that during some part of the time occupied in the proving, there was prevailing to some extent in this city, a disease, similar in its manifestations, to the symptoms which I experienced during the proving; now, how much to attribute to the action of the drug, and how much to other morbid causes, is a question which at present I shall not attempt to decide. I have merely recorded the facts experienced as they occurred; and subsequent and repeated experiments, should be instituted by the profession, and I believe this drug may yet be found worthy of a place in our *Materia Medica*. One evidence that the symptoms experienced by me were pathogenetic, is the fact that while taking the dilution and the tincture, the same general symptoms were manifested, although less marked and severe, as were afterwards experienced, while taking the crude bark in increasing and massive doses, and that during the two weeks that elapsed after using the tincture, and before commencing with the crude bark, the symptoms all subsided, and left the system seemingly in a normal condition. But I do not choose to speculate upon the action of the drugs. Having attempted the “proving” of this one, I shall endeavor at an early day to make a repeated and thorough proving, the result of which will be cheerfully given to the profession. I had intended to give a resume of all the symptoms, placing those pertaining to each organ of the body under its appropriate heading, but as it cannot be of any practical use, and will take some valuable time, I leave it for the present.

PROVINGS OF *HYDRASTIS CANADENSIS*.

DR. WHITESIDES' PROVING.

Proving by W. N. Whiteside, M. D., Ottawa, C. W.

Used a tincture of the dried root. one to ten of dilute alcohol, very bitter.

Nov. 11th.—Took thirty drops.

Nov. 12th.—Took thirty drops. Sticky mucus around the palate and bad taste.

Nov. 14th.—Weight in the stomach. Took thirty drops.

Nov. 15th.—Less ability to retain urine; have to urinate more frequently, but I think not more copiously.

Nov. 16th.—Frequently, when eructating, a little urine escapes into the urethra. Great *ennui* and lassitude. (The weather is like Spring.)

Nov. 17th.—Took forty-five drops.

Nov. 18th.—Took forty-five drops.

Nov. 19th.—Unusual clearing of the throat, while singing.

Nov. 20th.—Sticky mucus around the fauces.

Nov. 21st.—9 A. M., 130 drops; 12:30 P. M., 180 drops. A little mucus in the fauces which I cannot swallow. Roaring in the ears like a partridge, on waking in the night—(the waking is habitual.)

Nov. 22d.—Waked at night with a noise in the ears like cog-wheels, and a crick in the right elbow and phalanges of the left hand—quite painful. Tongue seems large and marked by the teeth. Flatus fetid. 300 drops. Roaring in the ears at 9 P. M. Pulse 56.

Nov. 23d.—Broad, yellow stripe on the tongue and bad taste. 6 P. M., 300 drops.

Nov. 24th.—Noise in the ears on waking at night, and rumbling in the bowels; chilliness at 9 A. M., pulse 52; some pain in the stomach. 10 A. M., 220 drops. 10 P. M., urine smelled a little decomposed.

Nov. 25th.—Rumbling in the bowels and noise in the ears at night, as before. Mouth sticky, with a light fur on the tongue, and a little aphthæ on the upper lip. (There was one on the under lip when I commenced the proving which soon disappeared.) 7 A. M., troublesome aching in the sole of the left foot, for an hour or two. Ringing in the ears, with slight pain in the anus. 120 drops.

Nov. 26th.—A noise as of cogwheels at night; yellow coat on the tongue; dreamed of monsters; some pain in the umbilical region and anus.

Nov. 27th.—Bad taste in the morning; an aphthæ on the under lip; urine has an unusual odor.

Nov. 28th.—9 A. M., fifty drops. A noise in the ears in five minutes; pulse 66. An aphthæ on the tongue, and the one on the lip quite large and sore.

Nov. 30th.—150 drops.

Dec. 1st.—1 P. M., pulse 76.

Dec. 2d.—Painless gurgling in the stomach; stools a little softer than usual, all through the proving, and of smaller diameter

PROVING BY N. F.

July 21st.—Dr. C. H. Weaver gave N. F., who is of a spare, nervous habit,—pellets No. 5, medicated with the first decimal dilution, dose three pills four times daily. The following were the principal sensations: Constrictive pressive feeling about the sternum; shortness of breath; sharp cutting pains through the temples, with dimness of vision; griping in the bowels, with profuse light colored diarrhoea, so prostrating that he is obliged to discontinue the proving.

PROVING BY DR. C. H. WEAVER

July 25th.—In ordinary health; of spare habit, and nervo-bilious temperament.

At 1 A. M., took 8 drops, an immediate feeling as though the brain was partially narcotized, soon followed by sharp, cutting pains darting through the temples; also in the elbows and biceps muscle; also feeling of contusive lameness in the last mentioned parts.

4 P. M.—Took 10 drops; acid, peppery taste in the forward half of the tongue; sore and raw feeling in the throat, especially around the epiglottis, with hoarseness; a stuffed up, smarting sensation in the posterior nares, as from a recent cold; increased secretion of nasal mucus; griping in the bowels, with several light, but somewhat acrid stools. The proving was continued two or three days, and about the same sensations produced.

August 31st, 5 P. M.—Took 10 drops; peppery taste in mouth; stinging, sharp pains in temples, but dull in vertex and over the eyes; very sharp acrid feeling near epiglottis, with hoarseness. At 8 P. M., 10 drops; passed a very restless night; was troubled with frightful dreams and fancies. 7 A. M., feeling as if intoxicated; stinging, rheumatic pains in elbows and fore arms, and in knees; pulse slow and labored, but considerable heat of skin; up to 12 M., headache of a nervous, gastric character; stinging pain in right shoulder; constriction in chest at middle of sternum; acute, distressing pain in stomach; continual stuffed up feeling in posterior nares, and nasal sinuses, with discharge of thin, clear mucus; continual snuffing and occasional sneezing throughout the day, and hoarseness; passed considerable limpid urine frequently. About 4 P. M., began to feel very weak; griping in the bowels and soreness over the surface of the abdomen; also great soreness and harshness of the muscles of the neck; somewhat feverish, with intense itching in various parts of the body.

Sept. 1st.—Arose feeling weak, passed a very copious, mushy, light colored stool; have still a dull headache, with some sharp stitches through the temples; but the most marked symptom is a sharp, raw, excoriating feeling in both nares, with constant inclination to empty the nose; discharge of nasal mucus is very free: sneezing constant for the space of 20 minutes. Six A. M., took 15 drops; sharp, aching pains in shoulders, arms, and especially the first finger of the left hand; increased hoarseness; nausea; almost constant weakness, so increased toward evening, with terrible headache and giddiness, that I was obliged to cling to my horse for support in the saddle; fell two or three times in walking to my room, but after a cup of warm tea and a little *Nux vomica*, am able to get about; next day headache continues, and not until the expiration of a week does it feel quite easy; also the discharge of mucus from the nose is very profuse, in fact, almost incessant for ten days, the bronchia being also affected in a similar manner, but less severe; it felt and acted like a severe attack of catarrh with influenza, and had I ever been affected in a like manner before, I should think it the result of a severe cold.

NOTE.—A marked symptom observed in three former provings, upon as many persons, was troubled and lascivious dreams, with a profuse, involuntary emission of seminal fluid.

ACCIDENTAL PROVING OF HYDRASTIS CANADENSIS, BY DR. BAYES, OF
CAMBRIDGE, ENGLAND.

Miss W—, æt. 75,—suffering with chronic ulcer of the leg; general health good.

Took by mistake 20 drops of tincture of *Hydrastis* upon the evening of Aug. 15th, 1862.

During the night, was restless. On the morning of the 16th experienced a great sense of sinking and prostration at the epigastrium, with violent and long-continued palpitation of the heart.

She had three greenish evacuations from the bowels on the 16th, with pain in the bowels, as if she taken had a drastic purge.

In the course of the 16th she had flushes of heat over the face, neck and hands; these were succeeded by an erysipelatoid rash, covering the neck, the palms of the hands, and the joints of the fingers and wrists. The irritation was maddening, with intense burning heat.

These symptoms continued until the 22d, when the skin exfoliated. The irritation remained in a slighter form for some days, and was always worse at night.

In the above case I have used the patient's own words to express her sensations. *The sinking of the epigastrium and palpitation of the heart*, have been previously noticed by myself and other observers, to follow the use of Hydras. is, when given in low dilutions and massive doses.

For the American Homœopathic Observer.

RE-PROVING OF NUX VOMICA.

BY C. H. WEAVER, M. D.

In January of 1863, while a contract surgeon in a Philadelphia hospital, I undertook to make a proving of Nux vomica. I took one drachm of a strong tincture. In a few minutes I began to experience feelings similar to intoxication, giddiness and inability to use the lower limbs; this increasing I fell upon the floor and was forced to call assistance to get in bed; had dreadful feelings of faintness; shortly began to have tensive pressure and aching along the spine, more particularly in the lumbar region, extending upwards; muscular tremors, twitching and jerking of the limbs; cramps and constrictive sensation about the muscles of deglutition; great difficulty in swallowing and on attempting to speak, genuine tetanic spasms followed at intervals of about 30 seconds. The cramps became so severe as to be almost opisthotonos. I had presence of mind enough to order strong black coffee, and by the use of this, made a good recovery in a couple of hours.

Mental sensations were, fear of death, alternating with hysteric laughter and the most terrible grievances.

Though my proving was short and incomplete I have not felt encouraged to pursue it further, although the morbid structural changes would undoubtedly be of use to our true pathogenetic writers.

Provings of Sanguinaria canadensis, Trifolium and other remedies will appear in subsequent numbers.

Colleges, Societies, etc.

For the American Homœopathic Observer.

ASIATIC CHOLERA.

Discussion in the Philadelphia County (Pa.) Homœopathic Medical Society, July 19th, 1866.

REPORTED BY BUSHROD W. JAMES, M. D., SCRIBE.

An adjourned meeting of the society was held.

The subject of Asiatic cholera was taken up for discussion.

The following resolution offered by the Chairman of the Cholera Committee, was adopted :

Resolved, That the members of this society and all the Homœopathic physicians of Philadelphia, be, and are hereby earnestly requested to report their cases of cholera with results, to the Secretary of the society for publication.

Doctor S. D. Kent related the following case : “ On July 10th, at 10 o'clock A. M., I was called out of the house of a patient to visit an old lady whom I was informed was nearly dead with cholera. She had suffered from diarrhoea for upwards of a week, and had, on the Sunday night previous taken a full dose of cathartic pills. The immediate attack commenced soon after midnight (Monday). She had frequent ‘ spells ’ of vomiting and purging. By 8 o'clock A. M. she had passed per ano, nearly a chamber vessel full of dirty looking water, and immediately afterwards vomited a large quantity of the same kind of fluid. When I first saw the patient, the following symptoms presented, viz : Almost constant vomiting with diarrhoea; the ejections were copious and their character a grayish serous fluid, containing an abundance of flocculi; vertigo, with great prostration; unconsciousness except when aroused by the cramps, which involved the calves, fingers and toes; voice, an almost inaudible hissing whisper; great thirst which copious draughts of water did not quench; countenance ghastly and cold; face and lips, blue; eyes much sunken, yet

manifesting a peculiar staring look, their areola of a leaden hue; mouth, tongue and breath cold.

“I gave three doses of Veratrum (200th centesimal) at intervals of ten minutes, which alleviated all the symptoms, and within two hours she was placed in a carriage and taken to her place of residence: at 2 o'clock P. M., patient conscious, intelligent and able to talk, voice only slightly thickened; at six o'clock P. M., had one ‘spell’ of vomiting and two discharges from the bowels; gave another dose of Veratrum.

July 11th.—10 A. M. Passed a fair night, bowels moved twice, about midnight, without pain or vomiting; complained of her limbs being numb and sore, as if bruised, with occasional stitches of cramp in the feet. The blueness around the eyes continued. Gave her one dose of Sulphur 200th. 3. P. M., felt comfortable; no more discharges. 11 P. M., had one large discharge from the bowels about 9 o'clock: skin again cold and face suffused with cold sweat; slight colic like pains in the stomach, with occasional nausea. Gave Camphor 200th, one dose, and left another dose to be given in an hour. if there was no change.

July 12th.—10 A. M., was very comfortable and asked for food; bowels had been quiet all night; no nausea; skin warm; complained of being very weak. Gave saccharum lactis and ordered cold drawn beef tea, slightly thickened with grated farina cracker.

July 13th.—Convalescent. About six A. M., had one full movement of the bowels, smelling naturally, of medium consistency and yellow in color, looking as the attendants said, “like the discharge of a healthy babe, with the exception of there being more of it.” I considered the case one of Asiatic cholera.”

Doctor John C. Morgan stated that he had seen the case related by Doctor Kent, and that he had no doubt of the correctness of the diagnosis.

Dr. B. W. James mentioned a case that had recently come under his care, of a man that had been subject to the chronic diarrhœa,. For about a week he had been troubled with some looseness of the bowels, but thinking it his old trouble,

neglected it; he was seized during the night with violent cramps in the abdomen and lower extremities; with vomiting and increased purging. The following symptoms were also present when the man was first seen, viz: Blueness of the skin and haggard expression of the countenance; almost total loss of voice; Icy coldness of the hands and feet, with a cold clammy sweat over the body; sensation of constriction at the chest, and extreme prostration. Camphor tincture in drop doses, in water, every five minutes, was prescribed, until a copious, warm perspiration was produced, when an extra blanket was ordered to be thrown over him and the Camphor discontinued, and taken from the room. Arsenicum 4th was then given every half hour for several hours and subsequently Veratrum 6th; he was relieved of the cramps and all pain in less than an hour, by the Camphor. The other remedies removed the remaining symptoms, except the debility, which lasted for several days. The following day to the one on which he was attacked, he expressed himself quite well only quite weak and some soreness of the muscles which had been cramped. This case resembled cholera very much, and yet it could not be considered "Asiatic cholera," for the dejections were not of the rice water character. The evacuations from the bowels were of a brown and yellowish color, throughout the course of the attack, showing the presence of bile in them, which is not the case in real "Asiatic cholera," except in the early stages of the disease. He submitted the question, "What is the diagnostic difference between cholera morbus, spasmodic cholera, and Asiatic epidemic cholera?"

Doctor A. W. Koch remarked in answer to this question, that he had extensively observed the epidemic cholera at Munich, in 1836, (having been sent by the Government of Wurtemberg for that purpose), and had also seen many cases of spasmodic cholera and cholera morbus since, and that, according to his experience, there is no diagnostic difference of real and constant character between aggravated and exquisite cases of cholera morbus and Asiatic cholera, and that Asiatic cholera could only be stated to be such when it appears in an epidemic form. Further, that in his opinion there is no doubt

but that if aggravated cases of cholera morbus occur during an epidemic of Asiatic cholera, the former would be classified by the attending practitioner among the latter.

Dr. Jacob Jeanes, who had passed through several epidemics of Asiatic cholera, concurred in the same views as those expressed by Dr. Koch.

Dr. J. C. Morgan, in reply to the above inquiry, said he believed that cholera morbus might be traced directly to palpable errors in diet or other matters of hygiene, as exposure to heat and drinking of cold water, or gluttony, especially of indigestible fruits and vegetables, more particularly if there be constitutional irritability of the digestive organs; moreover in cholera morbus, pure and simple, the discharges are not wholly devoid of the character of intestinal and hepatic secretions, although these are changed; acidity being the most notable trait; cramps, if present, are moderate and quite subordinate. In cholera, on the other hand, (dependant as we all admit upon a special cause), whilst it may be ushered in, either by cholera morbus or mere diarrhœa, there is no necessary connection between such peculiarities and the attack. The secretive power of the abdominal viscera utterly gives way before the serous transudation due perhaps to spasm of the portal system of vessels and abolition of the hepatic circulation. Cramps, instead of being subordinates are leading characteristics. Cholera is also characterized in its advanced stages by a degree of general venous congestion with inelastic corrugated skin and coldness of the tongue, which do not attend even fatal cases of cholera morbus. He begged leave to take exception to the word "Asiatic" because since the visitation of successive epidemics, the pestilence has manifestly become naturalized elsewhere. A few years ago, it was conceded to be a regular annual visitant of our almshouses; he would therefore much prefer to designate the malady when widely prevalent, as we do other diseases under the circumstances, as "epidemic cholera." It pursues the habits of all epidemics, of appearing at ordinary times spasmodically. The fact is as characteristic and the phase as correct as in the case of measles or scarlet fever. Therefore, the symptoms, not the

epidemic character are diagnostic of true cholera, as of every other disease. He mentioned a case of cholera infantum, with vomiting, purging and coldness of the upper extremities, which was promptly relieved by Veratrum.

Dr. O. B. Gause said it was interesting to observe how many different remedies seemed to meet similar cases; he had just been called to a case so like the one just described that it might be considered identical; he gave Aconite and cured the case. The prominent symptom, beside the vomiting and purging was an intense desire for water. Doctor M., gave Veratrum and Dr. G., Aconite; both cured. Eupatorium 30th, he had found recently very promptly effectual in a number of cases of bowel affections.

Doctor J. Jeanes took issue with Dr. Morgan, and thought the name of "Asiatic cholera" should be retained. Asiatic cholera was a distinct and characteristic disease, which passes around the whole earth, moving from place to place as an epidemic, and carrying off large numbers of people. Its origin was in Asia, in the Delta of the Ganges. He was not willing to give up the word "Asiatic" for it is the representative name of that epidemic form of cholera. In cholera morbus very few cases die. If there was any distinction between the diseases, it was that in cholera morbus they have less of the livid color of the skin, and the dejections are not so constantly of the rice water character. Though in an epidemic of Asiatic cholera the rice water discharges were not always present in every case. In some cases, as he had seen them, they were slightly greenish, and white, and others had the appearance of street mud stirred up with much water.

Doctor A. Lippe, after referring to the fact that we must examine thoroughly and understand each individual case and the nature of the disease; he said, we must as a matter of necessity always prescribe on the law of similars, without regard to the name of the disease; he mentioned that the symptom of suppression of the urine was always present in Asiatic cholera; inelasticity of the skin was always present [and occurred in no similar disease.

Doctor Richard Koch alluded to cholera asphyxia in which fatal symptoms often resulted without purging and vomiting; this does not occur in cholera morbus, for he regards these symptoms always present in the latter disease. He could not agree with Dr. Lippe that the non-elasticity of the skin occurred only in Asiatic cholera, for during his practice in a public hospital, he had seen cases of cholera morbus where the skin remained folded and inelastic when pinched up, and that particularly in one case the urine was suppressed for three days.

During the discussion the question arose as to when cholera, should it appear amongst us, was to be considered as having become epidemic.

Doctor J. Jeanes thought there could be no specified point of time at which it can be said to assume an epidemic form. For practical purposes in reporting cases it is of course a matter of conscience to do the right thing, therefore we could only consider it as having become epidemic when the Board of Health designates it as such, and reports a dozen or more cases per day.

Doctor A. Lippe thought we had no cholera as yet, nor has there been any cases, in his estimation in New York; he did not consider the cases that occurred on board those vessels arriving there, which had been reported as cholera, as being that disease at all; it was produced, he thought, by diseased meat, which had been given to the passengers as food. This meat had been taken on board in England, where the rinderpest was at the time prevailing badly; the cattle were not buried according to law, but slaughtered while afflicted with the disease, and the meat cured by salting down and sent to the market, shipped on board these vessels for use on the passage. The Halifax vessels were supplied with the same kind of food. He had examined the whole case and was satisfied that it was all in the meat, and the proof was in the eating of it. All the vessels that had the disease on board sailed from English ports, and it broke out amongst the steerage passengers who had used this meat. Vessels from Bremen and Hamburg did not have one case of the disease on board. The cases that had occurred in the city of New York were not Asiatic

cholera, we can trace all the cholera cases up and find that they are not cholera.

Doctor J. Jeanes differed as to the nature of this disease and as to the causes which produced it on board the vessels. If the meat of cattle affected with the rinderpest was prepared for emigrant vessels, the same considerations would induce the same kind of meat to be prepared for cities, and the same disease would therefore have broken out in such cities to which it was supplied. But we do not find the cholera prevailing in any of the ports from which they sailed. As to the fact of its occurring in the steerage only, this was owing to the emigrants being more crowded together there. We know that localities crowded with people are always more severely visited by cholera when it is prevailing. In 1832 it attacked most violently the different localities where many people were thrown together, such as the almshouses and prisons. In 1849 the Bucks county almshouse was almost decimated by the cholera. He had no doubt in his own mind but that the cholera has been in New York, he believed that the telluric influence from which emanates epidemics of cholera was now in the city of New York, and it is here in our own city, and as an evidence of it we notice the great increased tendency to cholera morbus and diarrhoea this season over other summers, but it has not been, as yet, severe, and it may not become severe. We may not, he thought, have an epidemic of cholera at all. The influence comes in the atmosphere and those vessels no doubt contracted the disease upon entering the belt of cholera atmosphere, which was also crossing the ocean at the same time but not so rapidly. It moves over the land much in the same manner as a flock of birds moving from place to place, passing over some places, and alighting in others. If we study the history of epidemics we find that the pestilence appears for a time in a place then passes on to other places, and finally disappears. He instanced "the sweating sickness" of England, the yellow fever, etc.

Doctor Lippe, in reply to Dr. Jeanes, referred to the fact that all the vessels crossing the ocean about that time must have passed through this same telluric influence, and yet it is

only certain ones that have had the disease on board. The disease did not commence until they had been several days out at sea, a sufficient time for the diseased meat to develop its effects; this is certainly an argument against the atmospheric origin of the disease.

Dr. J. H. P. Frost, thought that those who were afraid of the cholera should keep away from it if possible, for all epidemics have proved that such persons were sure to take the disease, and were generally the first ones to be attacked with it.

Doctor R. Koch gave notice that he would read a paper on Belladonna poisoning, at the next meeting.

For the American Homœopathic Observer.

A PANIC AMONG ALLOPATHIC STUDENTS.

On the 10th of October, 1866, occurred a scene in the sanctum room of Rush Medical College, Chicago, such as would make the ghost of Æsculapius look down in wrath upon the actors.

During the three or four days previous the cholera had been on the increase; from two deaths per day, the mortality had risen to fourteen. One of the students had died of cholera, and Prof. Brainard was suffering under an attack of the disease.

Frightened out of all sense of propriety by this state of affairs, the students of Rush Medical College, to the number of nearly *two hundred*, met in the lecture room, in a clandestine manner, without the knowledge of the faculty, and there with white lips, trembling voices and shaking knees, voted almost unanimsly to *go home!* Aye, to leave the lectures which they had come many hundred miles to attend—to leave the thousands who might need their aid as nurses or physicians,—to leave all the advantages which might accrue from watching the malady, studying its character, symptoms and treatment—

voted to go home to their "anxious mammas" and sit in safety by the home firesides!

It will seem very strange, probably, when we are told, that for the week previous the various lecturers had every day given discourses upon the disease, how readily it was cured if taken in time; how foolish it was to be frightened by it; that it was not contagious, and finally, that Camphor, Opium, Rhubarb, brandy, Calomel and Quinine were each potent curative agents; while homœopathy was not to be supposed for a moment to cure a single case!

Yet out of nearly 200 students, only 20 remained! Only 20 had faith in the teachings of the professors; only 20 were brave enough to remain. What a commentary in the vaunted confidence of the allopaths in their own medicines!

That we have not overdrawn the picture, we copy the following from the *Chicago Tribune*, which is much milder than the statements in the *Times* and *Journal*:

"It would seem that a partial panic has struck the people in some quarters, in one whence it would have been least expected. The students of Rush Medical College, alarmed by the death one of their number—Mr. Davidson, from Indiana—and the rumored death of Dr. Brainard, met at three o'clock yesterday afternoon, to the number of about two hundred, and voted almost unanimously to adjourn to December first, in view of the danger from cholera, subject, however to the call of the Faculty in case the disease abates. One would think that they, of all men, should not fly, as, if they be well enough read to practice, their services are wanted here, and if not yet skilled, they have here a good opportunity for study.

The course of lectures in the College will be continued, so that the few students remaining will not suffer by the defection of their less staunch brethren."

We feel proud when we contrast the action of the students to Rush, with the dignified course of the students of Hahnemann College, not one of whom left the city, but offered their aid to all who needed it.

H.

Book Notices, etc.

THE AMERICAN JOURNAL OF MEDICAL SCIENCES, for January, April and July, 1866. Edited by Isaac Hays, M. D. Henry C. Lee, Philadelphia; \$5,00 per year. Quarterly.

This excellent journal of the allopathic school is replete with valuable information in all the departments of medicine and science, and if we condemn the therapeutics taught, we much admire those portions outside mere medicine. A brief review of some of the leading articles may not be without interest to the readers of the *Observer*.

Prof J. H. Salisbury writes a very ingenious article upon "*The causes of intermittent and remittent fevers.*" Dr. S. began his investigations by examining microscopically the expectorations of persons laboring under intermittent fever, and who resided in a malarious atmosphere. These secretions yielded a variety of zoosporoid cells, animalcular bodies, diatoms, dismidia, algoid cells and filaments, and fungoid spores. The cells of an algoid type resembling those of the palmella, were found in every instance, and in great abundance. Their formation was minute oblong cells, either simple or aggregated, consisting in a distinct nucleus, surrounded by a smooth cell wall, and a highly clear, apparently empty space between the outside cell wall, and nucleus. The professor now determined to learn the origin of these bodies, believing that it would throw light upon the subject he was investigating. To this end he suspended plates of glass above the surface of stagnant pools and marshy grounds, placing them in position after dusk and securing them in the morning before sunrise. The moisture collected on the glass was subjected to a microscopic examination, and many cells, such as those found in expectoration, were discovered; but upon the upper surface only of the glass did he find the peculiar cells of the algoid type. Ultimately, in passing over a boggy section for the purpose of suspending his plates, he noticed a peculiar, dry, feverish sensation

was always produced in the throat and fauces, afterward extending to the pulmonary mucous surface, and his expectoration uniformly filled with minute oblong cells heretofore described. The earth in this locality was dry, but broken by the tread of cattle, and the surface was covered with what seemed to be a white mould. He here suspended his plates and obtained in abundance the minute cells he was in pursuit of. He examined the incrustations found upon the bogs, and found the cells in profusion. He also satisfied himself that these cells emanated from plants of a palmelloid type. By a series of carefully conducted experiments in different localities he draws the following conclusions:—

1. That cryptogamic spores, and other minute bodies, are mainly elevated above the surface during the night. That they rise and are suspended in the cold, damp exhalations from the soil, after the sun is set, and that they fall again to the earth soon after sunrise.

2. That in the latitude of Ohio, these bodies seldom rise from thirty-five to sixty feet above the lowlands. That in the northern and central portions of the State, they rise from thirty-five to forty-five feet; while in the southern part from forty to sixty feet.

- 3 That at Nashville and Memphis they rise from sixty to one hundred feet.

4. That above the summit plane of the cool night exhalations, these bodies do not rise, and intermittents do not extend.

5. That the day air of malarial districts is quite free from these palmelloid spores and from causes that produce intermittents.

The effects produced by the inhalation of these cells are a dry, feverish, constricted feeling in the mouth, fauces and throat. This increases till the parts become unpleasantly parched and feverish, and the normal mucous secretions are quite entirely checked. There is a constant desire to swallow, hawk and spit, being evidently a desire to rid the parts of the offending matter. These sensations extend to the bronchial and pulmonary surfaces. In about two hours after exposure the sensations pass away.

The Professor was able to collect the malarial earth, box it up and transport wherever he wished, where upon exposure, he produced at will the characteristic disease. Investigations, continued with wonderful acuteness and extreme carefulness, demonstrated that there exists a marked relation between these cells and intermittent fever, as in no instance was the one found without the other. It would be premature to declare that these fevers are a consequence of the inhalation of the algoid cells, but a careful investigation of the subject will no doubt settle the question, and thereby throw much light upon this disease, which will give the profession greater therapeutical power over its obstinate ravages. We commend the entire article to the attention of the profession.

STORER:—*Successful Removal of the Uterus and Ovaries.* This fearful operation was performed by H. R. Storer, of Boston, upon the person of Miss Sarah A. Colcord, on the 25th of August, 1865. This operation has been performed 24 times, 18 of which terminated fatally. In the case so minutely described, the mass removed weighed thirty-seven pounds, and was composed of the uterus and its appendages, and about 40 fibrous tumors. The removal of this immense mass from the abdominal and pelvic cavity has reflected the greatest credit upon the operating surgeon, as the detailed description of the preparation previous to operating, the operation itself, and subsequent management, stamp Dr. Storer as a purely scientific and skillful surgeon. The entire article, written by himself, is overflowing with sound reasoning and happy deductions.

Case of Neuralgic and Paralytic affection following Precipitate labor.—We hear much, at the present time, about the vast amount of improvement in the old school treatment, as contrasted with the practice of fifty years ago. It is true they do not bleed so profusely, nor resort to painful and horrible externals, as they did. Homœopathy has demonstrated that diseases can be cured without this violence, and the public has rebelled against useless agony, hence the improvement in this particular. But when we come to investigate their detailed treatment we find the same loose attempts at spoliation, the same grouping in the dark that our grandfathers saw. The case in question so fully illustrates this treatment that we will condense it in this paper.

A lady confined on April 8th, 1865, by a rapid and successful labor; had violent after pains, for which full doses of Camphor and Opium were given with but little success, no sleep following for two days and nights.

April 10th.—After-pains succeeded by a constant numbness and burning pain in the hips, thighs and back. • Morphia was given with no good result. Two nurses were kept constantly employed with frictions, endeavoring to soothe the intense suffering. A vigorous cathartic was administered, with enemas, which moved the bowels. This was evidently satisfactory to the practitioner !

April 11th.—About the same. Retention of urine ; limbs seem paralyzed ; no appetite.

April 14th.—Much dysuria, with great pelvic distress. Still taking Morphia in full doses.

April 15th.—Motion of the hips almost lost ; great agony upon any attempt to move ; profuse and constant perspiration. She now received Buchu, extract of Hyoscyamus, Camphor, Nitrate potassa, Sulphate of Quinine, Sulphuric acid, Chamomilla tea, Opium and anæsthetic liniments. She thus continued in her agony, with the addition of calomel to the treatment, until the 30th of April, when hypodermic injections of a solution of Morphia were extensively used, and which ultimately afforded relief to her severe suffering.

On January 30th, 1866, she remains a cripple.

This is what is demonstrated as scientific treatment ; this is the allopathic accumulation of three thousand years ;—an accumulation of therapeutical knowledge that is applauded by the leading allopathic journal, in the year of our Lord 1866.

The woman recovered as a cripple ; but who would be willing to risk the treatment upon their own person, even without the debilitating influence of the disease.

Let us remember, when we are disposed to grant to the dominant school a great profundity of wisdom, that the old school of the present day, exhibit no more wisdom than did Sarah when she dosed Isaac with an infusion of boneset.

Dr. KEMPH contributes an article upon the treatment of cerebro-spinal meningitis, in the July number.

The first seven cases recorded all terminated fatally. The treatment in the first case was R. Eth. Sulphas, half an ounce ; Terebinth spr., one ounce ; brandy, four ounces ; syrup, five ounces : a tablespoonful every hour. R. Capsici pulv., Camphor, aa, one and one-half scruple ; calomel, one scruple ; ft. pulv. v ; take one every hour ; counter irritation to the spine. The patient, a robust boy of 19, died the same day. Is comment necessary ?

In case 1st, injections of Turpentine and Asafoetida ; died in the evening of the first day's illness. A fine boy aged seven years.

Cases 2d and 3d, both died immediately. The treatment not given.

Case 5th, a healthy girl of 13, was attacked on March 24th. She was placed under the influence of Chloroform, and administered Calomel, followed by Senna with salts, and injections of Castor oil. The next day the attendant was surprised to find his patient alive; so he gave R. calomel gr. 20, Ipecac. gr. 6, divide into three powders and give one every three hours, and tincture Verat. veride, gtt. 4; Agua Lauro-cerasi one dram; syrup one ounce, every hour. The next day ordered Quinine and chicken broth, and the next day the case terminated in death.

Ten cases are published, two of which were able to withstand both the treatment and disease, the others went to their graves—shall we not say—victims of allopathic ignorance.

If any homœopathic practitioner should have the same result with his cases, the allopathic people would advocate hanging as a mild and well deserved punishment. Their moral indignation would be so excited that they would be disposed to seize the sword of justice and execute the murderous offender. We speak advisedly when we say no such per-centage of loss has accrued to any homœopathic practitioner.

The reviews, reports, etc. etc., all are well written, and are worthy of perusal. We would commend this publication to our practitioners both for the general scientific information and for the detailed allopathic horrors, which will tend to make us all more fully appreciate the great blessing of homœopathy.

SOCIETIES—WHEN AND WHERE THEY MEET.—1866-1867.

Nov.—*The North-Western Provers' Association*, on Tuesday, Nov. 13, 1866, at 168 Clark street, Chicago.

J. CATION DUNCAN, M. D., *Rec. Sec.*

JAN.—*New Hampshire Homœopathic Medical Society* at —, Jan. 20.

J. H. GALLINGER, Secretary, Concord, N. H.

FEB.—*New York State Homœopathic Medical Society*, at Albany, N. Y., on second Tuesday in February, 1867.

H. M. PAINE, M. D., Secretary, 104 State-st., Albany.

APRIL.—The "*Massachusetts Homœopathic Society*," Annual Meeting, Wednesday, April 11, Semi-annual Meeting, Oct. 10.

MAY.—The "*Western Institute of Homœopathy*" at Indianapolis, third Tuesday of May, 1867.

MAY.—The "*Canadian Institute of Homœopathy*" convenes at Brantford, C. W., second Wednesday in May, 1867.

MAY.—The "*Homœopathic Medical Society*," of the State of Pennsylvania, meets at Philadelphia, on the second Wednesday in May, 1867, at 10 A. M.
BUSHROD W. JAMES, M. D. *Rec. Secretary*, Philadelphia.

JUNE.—The "*American Institute of Homœopathy*" at New York city, on first Wednesday in June, 1867.
I. T. TALBOT, M. D., *Gen. Secretary*, Boston.

JUNE.—The "*Michigan Institute of Homœopathy*" at Jackson, Mich., on third Tuesday of June, 1867.
EDWIN A. LODGE, M. D., *Secretary*.

The "*Philadelphia County Homœopathic Medical Society*," meets monthly, on the third Thursday evening of the month, at the Homœopathic College building.
R. J. McCLATCHEY, M. D., *Secretary*.

The *Cook County Homœopathic Medical Society* meets every alternate Friday evening, in the Museum of the Hahnemann College, Chicago, Ill.
J. CATION DUNCAN, M. D., *Secretary*.

The "*Cuyahoga County Medical Association*" meets on the first Monday of each month, in the rooms of the City Dispensary, 158 Seneca street, Cleveland, Ohio.
GEO. W. BARNES, M. D., *Secretary*.

[Secretaries of Societies will oblige the Editor by sending their names and addresses, with dates and places of meeting, copies of proceedings, &c.]

COMMUNICATIONS RECEIVED.

Reply to "A Look ahead." Criminal Abortion—Answer to Prof. Hale. The Bible of Homœopathy, by A. J. Bellows, M. D. Calendula, by G. W. Campbell, M. D. Surgery in the hands of homœopaths. Fistula in ano, cured by large doses of Rhus. Phytolacca decandra, by Dr. Keep. Letter from Prof. S. R. Kirby. Sanguinaria canadensis in Pseudo-membranous Croup. Homœopathic Statistics. My First Steps. Plantago major. Review of "What is Life." Proving of Sanguinaria canadensis. Proving of Trifolium. Homœopathy—by T. C. Hunter. Cactus grandiflorus, Etc Homœopathic Electropathy. Otitis Externa. Urea, its Cause, Nature and Effects. Effects of Bryonia on the Pulse. A Home for Consumptives. Gelsemium in Miliary Fever. Robinia pseudo acacia, by Dr. M. Funk.

Personal Notices.

Burnett.—Dr. B. J. Burnett, a graduate of the New York Homœopathic Medical College, is now located at Mt. Vernon, N. Y. His friends will be pleased to learn that he is building up a good practice.

Cushing.—Dr. A. M. Cushing, of Lynn, Mass., sends us an article on "Surgery in the hands of homœopaths," which we will print hereafter. The Doctor manifests a spirit worthy of all commendation. He says:—I do not wish to have my name left out from the list of contributors. I had rather work nights to furnish something for the OBSERVER."

Colton.—D. A. Colton, M. D., Professor of Anatomy in Hahnemann College assures us that there will be an abundant supply of *material* for the dissecting room the present session.

Hall.—We are pleased to notice by an advertisement in *Hahnemann Monthly*, that Dr. Hall's directory is now in press.

Hale.—Prof. E. M. Hale will lecture on *Practical Pharmacology*, at the Hahnemann Medical College.

Harrington.—Dr. J. C. Harrington leaves Detroit for Toledo. We are sorry to say that he made a bad failure here.

Harvey.—Dr. J. S. Harvey leaves Chester, Pa., for Salona, Clinton county, in the same State.

Peterson.—Dr. J. C. Peterson has completed his Homœopathic Dispensatory. We expect to print the work in good style, as soon as the "New Remedies" is completed.

Roberts.—We desire to call the attention of physicians desiring a partner, or to sell out, to the advertisement of Dr. C. H. Roberts in our advertising supplement. The Doctor has had long experience, and we believe that he is a good practitioner.

Smith.—G. H. Smith has removed from Tariffville Conn., to Sycamore, Ill.

Shide.—D. R. Shide writes from Washington, Franklin Co. Mo., Oct. 4, 1866: "Homœopathy holds at present pretty strong hold here. Eight years ago, hardly any one knew anything about it. At present the calomel doctors have nothing to do but to drink beer,—where we will leave them."

Webster.—Dr. H. D. L. Webster has removed from Painesville, Ohio, to Franklin, Mass.

Wilson.—Prof. T. P. Wilson, recently gave lectures at London and Brantford, C. W., on "American politics," to appreciative audiences.

Lectures.

For the American Homœopathic Observer

THE HUMAN BRAIN.

BY J. D. BUCK, M. D.

*Delivered October 18, 1866, in the Preliminary Course of Lectures
at the Cleveland Homœopathic College.*

The homœopathic physician of to-day is before the people as the champion of a *great truth*, and something more is required of him than the mere ordinary details of his profession; these he must possess as a matter of course, and an honorable spirit of emulation will allow him to be neither ignorant nor superficial—for he must be either an honor or a disgrace to his calling—a worker or a drone in the busy hive of life. He is an innovator, and must be able to defend his position against weak-kneed conservatism on the one hand, and blind bigotry on the other. “One bows willingly to no authority but Time;” people cling tenaciously to old opinions and prejudices, and are loath to give them up for things which are settled by long use, if not absolutely good, at least “*fit well together*,” and we shall find that in the work of reformation we have often to begin with ourselves. We are too apt to be indolent and slothful, preferring a life of ease to one of labor and opposition; if, therefore, we have not already done so, we should “begin reforming at once; proceed in reforming steadily and cautiously, and go on reforming forever.”

Science in our day is making rapid strides, and we shall have no lack of occupation if we keep pace with the world's progress.

Lord Bacon says: “In reading we hold converse with the wise; in the business of life generally with the foolish.” “Read not” he says, “to contradict and refute, nor to believe and take for granted, nor to find talk and discourse, but to

weigh and consider. Some books are to be tasted, others to be swallowed, and some few to be *chewed and digested.*"

It is to this process of mental digestion and assimilation that the minds of the best thinkers of the age are at present directed. The mind of the age is turned upon itself, and has taken to exploring its own mystery ; and in gleaning from past accumulations of thought, food for its healthy nutrition, it is surprising to see the quantity of effete matter thrown off. The accumulated filth of the Augean stables, was nothing compared with the load daily carried by those who cling to institutions and usages, honored by time, but long since left in the wake of the world's progress.

It is not at all probable that the human mind will ever comprehend fully its own depths or mystery, but in investigating the process of thought, we arrive at some of the grandest truths of existence. The great law of the *correlation of forces* is as applicable to human energy as to the powers of Nature, and has a bearing upon life in all its various relations.

Not only is the human mind a mystery, but aside from the power which controls and governs, the organ through which it operates, and which alone of all the organs of the human being is in direct communication with *force*, I mean the brain, demands our careful thought and investigation.

In the realm of Mental Philosophy or Psychology, we deal only with the mind, with the abstract essence, untrammelled and free ; but the physician meets with more perverted than natural manifestations, and must not only discriminate between the true and the false, but will often be required to trace out disease hidden and obscured perhaps for years. In short, his is a *Pathological Psychology*, and not more varied and intricate are the sounds which vibrate upon the tympanum, than the relations of the human brain to a diseased or healthy body. The best definition that has yet been given of Life is "*the co-ordination of actions*," or the correspondence of external manifestations to internal conditions. "It is the definite combination of heterogeneous changes, both simultaneous and successive, in correspondence with external co-existences and sequences ; the two great divisions of life, viz, The Physical

and Psychical must ever be distinguished as the one a correspondence that is both simultaneous and successive, and the other a correspondence that is successive only," and from the lowest form of animal life, up to man, we have a perfect gradation of these correspondences, and in man we find a perfect adaptation of the two forms, designated by the terms voluntary and involuntary actions.

The sensory and motor actions going on in each ray of the star fish, are, in the main, independent of those going on in the others ; and in man, many of the actions that appear voluntary, are in a great degree automatic. The actions and wants of the former are few and simple, while in man they are complex and various, thus showing that gradual process of evolution, by which we advanced from the homogeneous, to the heterogeneous, or from the life of the animal, to that of man.

Sensation, volition, and the mysterious agency of intellect, and instinct, are all manifested through the nerve centres, the most important of which is the brain. It is composed of the cerebral hemispheres, the cerebellum, and the medulla oblongata, or upper part of the spinal cord, each of which has its peculiarities, and its special office to perform in the animal economy.

I do not propose, gentlemen, to enter into a detailed description of the brain ; this you will find in your text books, and receive from your honored professors of Anatomy and Physiology, much better than I can give it you ; but rather to give you a few general facts, from which you must draw your own deductions, and upon which you can enlarge at your leisure.

The substance of the brain is composed of gray and white tissue. The former forming an external layer, is composed of vesicular matter of glandular texture, and largely supplied with blood. It is the originator of *nervous power*. The white substance is firm and inelastic, less vascular than the gray matter, and is composed of tubular fibers ; it forms the greater part of the nerves, and nearly the whole of the spinal cord. Its office is simply to *propagate impressions* ; the two kinds do not occur together, except in the nerve centres.

The chemical composition of the brain is well known, but of the characteristic properties of the gray and white substance, we are ignorant.

The brain is remarkable for containing phosphorus, which varies in quantity at different periods of life, being least in infancy and old age.

It has been ascertained that the brains of idiots contain less phosphorus than the normal organ, the quantity being sometimes diminished by one-half. The amount of phosphorus in the healthy and well developed brain is from 1.5 to 2 per cent. This would seem to indicate that phosphorus had something to do with the manifestation of intelligence, and furnishes an indication for its administration, in some cases of disease. I have seen marked improvement follow its use in softening of the brain; in one case, paralysis was almost entirely removed, and speech restored.

The brain continues to increase in weight until about the 20th year, although more rapidly in the first ten years; from the 20th to the 40th years it retains its maximum, and is subject to almost imperceptible changes, while after that period a slow and gradual decrease takes place through the closing decades of life. About 80 per cent. of the brain is water, with a greater per-centage in infancy and less in old age; and consequently we meet with a majority of cases of hydrocephalus in infancy and childhood.

The average weight of the brain is 50 ounces in the adult male, and 45 in the female. This weight of the brain is found to be absolutely greater than that of any of the lower animals, except the elephant and the whale. It has been observed that when the weight of the brain does not exceed 32 ounces, it is invariably accompanied by idiocy, or some degree of mental imbecility. The lightest human brains on record have been examined and described by Prof. Marshall. The one, that of an idiot boy, weighed only 8 1-2 ounces, while of the other, that of an idiot woman, the weight scarcely exceeded 10 ounces. The brain of Baron Cuvier is about the heaviest on record; it is said to have weighed 64 ounces; that of the French surgeon Dupuytren 58 ounces, while those of Webster

and Napoleon were an ounce or two less. Thackeray's brain was examined after his death and found to contain 58 1-2 ounces.

The habits of individuals, and the progress of civilization, are said to have an effect on the capacity of the skull, and consequently on the size of the brain. Broca availed himself of the opportunity to examine the skulls from certain vaults and cemeteries in Paris. A certain number of skulls were taken from a common pit, in which paupers were buried, and others belonging to the same epoch from private graves, which may be supposed to have been occupied by people of the more educated classes, and a striking difference was observed in the average cranial capacity of the two series. But was not pauperism the result of a low grade of cerebral development? Investigations in this direction will not warrant us in concluding that intellectual capacity is alone proportionate to cranial development.

At birth, the relative weight of the brain to that of the body is one to six, while that of adult life is one to 36.

We frequently meet with individuals having large brains, yet whose intellectual capacity is far below the average. In the case of an imbecile the brain weighed 55 ounces, the intellectual defect was in this case congenital. This apparent discrepancy may however be accounted for, when we come to examine the cerebral convolutions.

In comparing the brains of a Hottentot, a Bush-woman, and a Chimpanzee, a remarkable similarity was observed in these convolutions, and in all cases they were found to be much less complicated, more superficial, and more easily recognized and distinguished than that of an adult European brain, and as we descend in the scale of animal life these convolutions become more simple and less defined, until they disappear entirely.

Dr. Boyd found after extensive investigation as to the weight of the brain, that the left hemisphere almost invariably weighed more than the right, and that further difference was found in different portions of the same hemisphere. The specific gravity is not the same over all portions of the cerebrum, but differs as it is localized by special convolutions, and these changes are said to be indicative of different functions pertain-

ing to the different convolutions. Here is a fact for the phrenologist. It has been suggested that the greater use of the right side of the body has something to do with the increased weight of the left hemisphere, remembering always that the nerve fibers decussate at the medulla oblongata.

In the American Cyclopædia I find a very interesting article on the subject of the convolutions. The writer says: "Without question the various operations of the mind are associated with the cerebral convolutions; perception, memory, the power of abstraction, imagination, etc., possess as instruments of action these folds of gray matter; as Cuvier says, various sensations may be, as it were, consummated and become perceptible to the animal. Mechanical injury to the convolutions and the central white substance occasion no pain or disturbance of the motive power. In many divisions of the brain and its membranes, convulsions accompanied by pain occur, but this depends on a change produced in the striated and optic bodies, and through them propagated to the motor and sensitive nerves. When the membranes are inflamed, especially the pia-mater, the mental faculties are always disturbed. In the delirium of fevers, in delirium tremens, etc., the circulation of the convolutions seems to be cut off. The convolutions then, are the centre of the intellectual actions, being connected with the striated and optic bodies, (which have been regarded as the centres of volition and sensation,) the intellectual centre may either excite or be excited by them."

Lesions of the left anterior lobe, and consequent paralysis of the right side of the body has been followed by impairment of articulation and loss of the command of language, or the communication of ideas, and it is asserted that no such effect followed lesion of the right lobe, this, however as a rule, will not hold good. It is however, a remarkable fact, that an organ so quick to perceive and register impressions from other organs, should itself submit to lesion with comparative impunity.

When a portion of the brain is removed by accident or design, its place is supplied by new matter, but whether by true cerebral substance, or not, is unknown. Prof. Winslow says, in his admirable work on the brain and mind, "That

the brain, while destined to perceive accurately the painful impressions of other organs, is itself not conscious in the incipient stage of disease, of the lesion of its own structure. Large portions of the hemispherical ganglia have been removed with the knife, and have even sloughed away without giving rise to any appreciable disturbance to cerebral phenomena, pain or obvious inconvenience. If the cerebral hemispheres in a mammal or bird be laid bare, they may be handled, or even transfixed, without in the least disturbing the animal. The hemispheres may be sliced down to the cavity of the lateral ventricle, and the animal remain as indifferent as though we were cutting a nail, or a hair; it only struggles and cries out when the tri-facial nerve, the crus cerebri, the optic thalami or the medulla oblongata are touched. Thus we see, that, while the different portions of the brain are in direct communication, one with the other, and to a great extent inter-dependent. They have, nevertheless, separate functions to perform; the cerebellum, while presiding over the so-called *animal passions* is found after experiment, and investigation, to have for its office, *the co-ordination of muscular motion*, for when it becomes the seat of disease, if mechanical injury or irritation, the animal loses control of the muscles. Infants have been born without any cerebrum or cerebellum; and such have existed for several hours or even days, breathing, crying, suckling and performing various other movements. The cerebrum and cerebellum have been experimentally removed from birds and young mammalia, thus reducing these beings to a similar condition; and all their vital operations have, nevertheless, been so regularly performed, as to enable them to live for weeks, and even months, thus clearly showing the reflex origin of many muscular actions.

It is by studying the special function of the several portions of the brain, their composition and various peculiarities, that we are enabled to form a definite diagnosis in many obscure cases of disease. Cases of importance will often arise, where the intelligent physician will not only gain honor himself but confer a lasting benefit upon the suffering patient, and relieve the solicitude of anxious friends by counsel, and assistance, such as it is his duty to be able to give.

The testimony which Prof. Winslow brings to bear upon this subject is perfectly overwhelming, and the time has come when to be ignorant on these subjects amounts to little less than guilt, for the physician holds, as it were the life of the patient in his hands, and should be able to recognize what assistance is possible in the case.

Within the last year three cases have come to my notice, which had been treated for *congestive chills* and heart disease, which were found, after a careful investigation, to be simply *hysteria*. Here the danger was of course aggravated, and the patient needlessly alarmed, and it was some satisfaction to be able to say with confidence to them "your fears are groundless, she will not die."

A rigid symptomtologist, ignoring Physiology and Pathology, will often fail utterly, and fail, too, where success is only waiting to be courted.

There are those in every community who demand a reason for our opinions, and who are capable of judging of its soundness when given, and they are found as a majority, under the banner of homœopathy. The spirit of the age is struggling out from the grossest materialism to a refined system of Dynamics, and let us as homœopaths, be up with the spirit of the age. Let me encourage you, gentlemen, in your professional attainments, to *aim high*. In the upper ranks there is always room, and they who *deserve well* have the best of all rewards, viz: the *consciousness* of having *deserved*.

We have too long looked to rewards and punishments, and shaped by these our course through life. Truth has been warped into unnatural channels, until she has stood forth a wrinkled old witch, clothed in rags, and holding in her uplifted hand a bundle of thongs with which to scourge science and investigation, to the feet of bigotry and superstition.

But to-day, thank God, a brighter vision is before us, and the Goddess of Truth is being revealed in all her beauty and loveliness; instead of thorns she is crowned with flowers; her radiance is like the sun, and her votaries are bidden to a feast such as ignorance never dreamed of; their worship is the spontaneous gushing of the heart, and it is only acceptable when it

is *free*. Religion, science and art, every branch of learning, and every faculty of the human soul is open for investigation, “until at last they rise from materiality to a truth of the spiritual world of so exalted a nature, that it has been truly said, ‘to connect the mind of man with the spirit of God.’ ”

The present age is remarkable as having demonstrated the fact of the *persistence* or indestructability of *force*. Results that never could be reached by the old methods of thought, are, under this new dispensation, clear as noon day. The result has been to revolutionize thought, and what has heretofore been asserted by sentinels on the outposts of the citadel, are now subject to demonstration with mathematical exactness.

Hahnemann saw this ; he caught a strain from the grand harmony which to-day is quickening the pulse, and thrilling the hearts of thousands. It was he that took from the rubbish and accumulated ignorance of ages, that principle of *force* which, under the guidance of intelligence, banishes disease, silently and effectually, as did the hand of the Blessed Redeemer. It is the same principle which has banished the scourge and chains from the cell of the poor maniac, and exercising the law of *eternal kindness*, restores him to his friends, clothed and in his right mind. This is the “faith which overturns mountains ;” it is the real *Christ Principle*. It teaches “that the laws of Nature must be *understood*, before they can be obeyed, and that only through this understanding can man rise to the mastery of its powers, and bring himself into final harmony with his conditions.”

The homœopathic physician, then, resting his faith upon this basis, that *force* is stronger and more potent than *matter*, undertakes great responsibilities, and it behooves him to understand well his position. Let us not set this precious jewel in *brass*, and hide it in a measure, but let us rather seek to polish and adorn it by every accomplishment of mind, and by an earnest, upright life.

We should not only be able to *cure our patients*, but should be able to demonstrate that the truth we hold is the highest yet conceived by the mind of man, and that just in proportion

as we understand its laws, will be the measure of our success. Poverty or lack of opportunity is no excuse for final failure. Among the forces which control and govern, *will power* is placed at the head, and he who *wills* to excel need have no fear of failure. He has hardly deserved to live, who allows the sun to rise and set, without enlarging his heart, or increasing his store of knowledge. The capacity of the human mind may never be known, but it is capable of an infinite amount of expansion and cultivation. We have seen that the specific gravity of the brain is not the same over all portions, and phrenologists tell us that we may develop and cultivate the different organs so as even to alter the conformation of the skull.

I earnestly desire the prosperity of this institution, and the success of every student who goes forth from her walls. The medical profession furnishes rare opportunities for study and investigation, for the physician has access to every phase of life, and witnesses diseased and healthy action, in all its varieties. It is moreover a glorious mission, to stay the ravages of the Reaper Death, to banish disease from the tortured body, and to bring back the mind that has wandered among the ghosts of a perverted vision, into pleasant paths by the "still waters."

O ! who can decipher the mystic scroll—
 Unravel the tortuous skein,
 Who fathom the depths of the human soul
 And the wonder-working brain ?
 'Twere easier far to fathom the seas,
 And number their shining sands ;
 To bridle the mighty rushing breeze,
 Grasp the ocean in our hands ;
 'Twere easier far to count the stars,
 And stay them in their course,
 Or to catch the lightning's flashing bars.
 Than to measure this God-like force.

The light that travels the realms of space
 Through the lapse of a thousand years,
 And reaches at last the human face
 From one of those shining spheres,
 Is twin to the thought its light hath raised
 In the mind, through the orb of sight ;
 And the *heat* that has warmed its journeyings,
 Is born from a *ray* of *light*.

It stayed not its course thro' the boundless deep,
 To shake hands with its lightning brother ;
 The chemist's lore and mesmeric sleep,
 All spring from one common mother ;
 For *force* is eternal, and matter is slave,
 Through all its vast gradations ;
 And each of Earth's fi ful changing waves,
 Is twin to the constellations.

Materia Medica.

PROVING OF JUGLANS CINEREA.

BY JOSEPH P. PAINE, M. D.

Presented as a Thesis to the Faculty of the Homœopathic Medical College of Philadelphia, in 1852.

Proving commenced Nov 20th, 1851. Took four drops of the 3d attenuation, per day, at night.

From Nov. 20th to the 25th, no symptoms.

Nov. 25th.—Took nine drops of the 1st atten., at night. Half an hour after, slight vertigo, with a sinking, faint feeling in the stomach, extending to the abdomen. Three hours after, diarrhœa with burning in the anus before and after stool.

Nov. 26th.—Took two drops of the first attenuation in the morning. Pain in the left chest; feeling of weakness and debility. 11, A. M.—slight nausea with vertigo. 3 P. M.—Yellow, frothy diarrhœa, with tenesmus and burning in the anus after stool. Cramp-like pain in the hip, at night.

Dec. 1st.—Took ten drops of the tincture. No symptoms.

Dec. 2d.—Took fifteen drops of the tincture. Nausea in the morning; dryness of the fauces, and sensation as if the throat was swollen.

Dec. 3d.—Took twenty-five drops of the tincture. Vivid dreams.

Dec. 4th.—Aching pain in both ankles. Stitch-like pain *under the right scapula*, when stooping; pain in the *right side* of the fauces. Aching pain in the abdomen after dinner; soon after, diarrhœa, with burning in the anus. Aching pain in the lumbar vertebræ, extending through the lumbar region and up the spine; aching pains in various parts of the body. Feeling of lassitude; aching pains in the arms and wrists, as if sprained by hard work. •

Dec. 5th.—Aching pain in the occiput, in the morning, in bed, passing off on getting up. Numb pain in the *right axilla*, extending down the arm, along the course of the nerves, which lasted three hours. Pain under the vertebral border of the *right scapula* increased by moving the part, and by drawing a long breath.

Dec. 6th.—Pain *under the right scapula*, making breathing painful; numb pain in the *right axilla*, extending down the arm. Pain in the right knee, felt on going up stairs.

Dec. 7th.—Pain under the *right scapula* continues. Dryness of the nose; aching pains in the wrists, extending up the arms; constipation.

Dec. 8th.—Took thirty drops of the tincture. Pain under scapula continues.

Dec. 9th.—Slight pain under the right scapula; constipation.

Dec. 10th.—Constipation.

Dec. 12th.—Took sixty drops of the tincture at night.

Dec. 13th.—Aching pain in the abdomen at intervals, with flatulence. Pain in the lumbar and dorsal vertebræ at night.

Dec. 14th.—Soft stool, with pain and flatulence in the abdomen; aching pains in the limbs; accelerated pulse.

Jan. 6th, 1862.—Took twenty-five drops of the 7th atten., at night. Burning in the stomach.

Jan. 7th.—Took twenty-five drops of the 7th atten., at night. No symptoms.

Jan. 8th.—Aching pain in the region of the lumbar vertebra and right sacro-iliac symphysis; occasionally sharp pains in the calves of the legs; pain in *each hypochondriac* region. Dull, aching pain in the right axilla, extending down the arms; aching pain in the right shoulder.

Jan. 9th, A. M.—Dull pain in the left arm; occasional shooting pains in the lumbar regions. Pain under the left scapula; aching in the *right scapula*. Took twenty-five drops of the 3d attenuation at night. Very restless at night; tossing about a great deal while asleep.

Jan. 10th, A. M.—Dull, aching pain in the right shoulder; aching pain in the region of the sacro-iliac symphysis, worse while sitting; pain between the shoulders. P. M.—Aching pain in the region of the lumbar vertebra, with restlessness. Pains in different parts of the abdomen, caused by flatus; restless sleep.

Jan. 11th, A. M.—Diarrhœa without pain; took twenty-five drops of the first attenuation at night.

Jan. 12th, A. M.—Roughness and soreness of the throat; numb pain in the wrists and arms; pain in the left knee and thighs; violent pain in the region of the lumbar vertebræ and sacro-iliac symphysis worse when sitting down. Dull headache, more on the right side,

which lasted three hours. P. M.—Burning in the eyes; aching pain in the right axilla; restless sleep.

Jan. 13th, A. M.—Aching pain in the *right temple*, which lasted three or four hours; very restless in the night.

Jan. 15th.—Aching pain in the region of the inguinal rings, and great soreness felt on rising from a recumbent position.

SECOND PROVING.

Nov. 19th.—Took five drops of the 3d atten., at night; no symptoms.

Nov. 29th.—Took ten drops of the first atten., at night; pain in the *left shoulder*; oppression of the chest; raising a quantity of dark-colored blood; great tendency to sleep; frightful dreams. Burning in the pharynx.

Nov. 25th.—Took five drops of the tincture; pain in the *left shoulder*, in the elbows and in the knees; soreness of the throat. Great wakefulness; rigid state of the muscles of the neck; *diarrhœa* with *cutting* in the abdomen; burning in the abdomen after stool.

A week after taking the medicine, I have swelling in both submaxillary glands, *more in the right gland*.

[The above provings will be continued hereafter. They were commenced at a somewhat late period of the present course of lectures, and owing to this, and to the fact the writer's system is not sensitive to the action of remedies, he has comparatively few symptoms to present. It cannot, however, be said that they are unimportant.

He is encouraged by Dr. Neidhard, who is himself much interested in the remedy, to present them in the form of a thesis, which he has concluded to do, believing that he is thus performing an act of usefulness to the profession, and assisting in the development of a remedy destined to become of standard value in our *Materia Medica*.]

Chloroform as a Means of Detecting Bile in the Urine.

The *London Lancet* says:—"A new method for the detection of bile in the urine is proposed by M. Cunisset, and is given fully in the January number of the *Journal de Chimie Médicale*. He places in a test-tube forty or fifty grammes of the urine to be examined, and adds to it four or five grammes of chloroform, and then shakes the mixture. If the urine contains bile it immediately assumes a fine yellow color, and on allowing it to rest, the chloroform falls to the bottom of the tube, drawing with it the fatty matters of the urine colored by the yellow biliary substance."

For the American Homœopathic Observer.

EXTERNAL POISONING BY THE EUPHORBIA COROLLATA.

BY S. A. MERRILL, M. D., INDEPENDENCE, IOWA.

The variety of *Euphorbia* referred to, and which grows here in the rich bottoms in great profusion, is a plant from one and a half to three feet in height, the leaves of which, near the top of it, begin to turn white on the edges, becoming more so as they approach the real flower, which is situate in the center of a large corymb or whorl of these flowers, like leaves, giving to the whole the appearance of a large flower.

The plant, when broken in any part, exudes a thick, milky juice, which is irritating to the skin, especially in irritable subjects, producing large vesicles filled with yellowish serum. This eruption is accompanied with a more or less diffused redness of the skin of the affected parts. It seems to have a specific affinity for the face and head, producing in many cases, where the poison has been carried to these parts, violent phlegmonous inflammation, simulating very closely an attack of erysipelas, with great tumefaction, violent throbbing pains in the head, especially the forehead and vertex; intolerance of light and noise; high fever; constipation of the bowels; coated tongue, and most all the usual concomitants of high nervous erethism.

I have had quite a number of cases of poisoning of this kind, this season. Have found *Belladonna* to act like magic in the early stages of the fever, allaying the pain, fever, and swelling very speedily.

One case that came to me after the poison had become fixed in the system, had to be treated with *Sulphur* and *Mercurius*. The skin broke out in ulcerating, boil-shaped elevations.

In the acute stage, under proper treatment, the disease disappears in a few days.

In the chronic stage it is apt to run on for weeks.

Practice of Medicine.

JUGLANS CINEREA IN SKIN DISEASES.

Dr. A. E. Horton, of East Poultney, Vt., reports the following cases cured with Juglans:—

“I take the liberty of sending you some of the clinical experience I have had with the *Juglans cinerea*, which I consider a real polychrest, so far as diseases of the muco-cutaneous surfaces are concerned. The *Juglans* has been used considerably by some eclectic physicians, and it was during the period that I practiced that system, that I became acquainted with it; but thus far I have never seen any reference made to it by homœopathic writers. Of this much, however, I am satisfied, that it is eminently homœopathic to the whole range of skin diseases, from a simple erythema to pemphigus, and theoretically, I should say to those of a more obstinate character. It seems to be equally as well adapted to congestions and irritations of the respiratory and gastric mucous membrane, and its use has been attended with such decided success, that I feel anxious to have the profession at large give it a trial.

I give below a few of the cases in which I used the remedy alone, for I used it a long time in combination, as is natural to eclectics, attributing the cures to other ingredients, when undoubtedly they were owing to the *Juglans*. I have treated cases of lichen and other mild case of skin disease with the most positive results, but I send only a few of the more important ones which you may add to your own and others' experience, if you had any with the remedy.

Case 1.—Forest H., aged 2 years, had chronic ecthyma of three months' standing; eruption general and almost confluent, so large and thickly set were the pustules. Those upon the face seemed to be drying somewhat, with the steady increase and aggravation of those upon the body and extremities. Had been treated allopathically at first, when the parents becoming discouraged with the prospect, concluded to employ an old doctress, who professed to do wonders with roots and herbs. Consequently the child had to endure another month of active drugging with the same discouraging result. At this juncture I was called, and found the little patient suffering excessively. He could neither sit nor lie, with any degree of comfort; worried much of the time; slept but little; appetite poor; diarrhœa. I prescribed Juglandin, first decimal trituration, ten grains in half a glass of water, a teaspoonful every two hours. Saw the patient again the third day, at which time there seemed to be a little improvement. Continued the same treatment. At the end of the first week the improvement was decided; appetite better; slept more; bowels becom-

ing more natural. The crusts were rapidly drying and falling off. Continued the Juglandin two weeks more, at longer intervals, at which time there were only a few remaining pustules of small size; which rapidly disappeared, until the cure was complete.

Case 2.—Jenny H., aged 8 years; ecthymatous eruption upon the body, face and arms, attended with a painful itching sensation that created an almost irresistible inclination to tear off the crusts. I gave her a vial of the first decimal dilution, from a tincture made from the inner bark of the root of the Juglans, to be taken in three-drop doses, three times per day. In two weeks she was cured, with the exception of some slight ulcerations upon the arms, the result of tearing the crusts from some of the pustules; but these steadily healed, and in another week the cure was complete.

Case 3.—A. W., adult; had been out of health some time; complained of languor; slight nausea at times, and occasional wandering pains about the limbs; was seized quite suddenly during the night with acute pain through the right hypochondriac region, darting upwards into the chest, producing considerable difficulty of respiration, and some cough. There was also some nausea and considerable fever. For these symptoms I gave Aconite, which produced ready relief. The third day following the attack there appeared on the body and extremities the most general and perfect eruption of erythema nodosum I ever saw; the patches were numerous and extensive, varying in size from that of a dollar to that of a man's hand, I gave him Juglandin, first decimal trituration; made three visits afterwards on alternato days, when the cure was complete, the eruptions leaving the characteristic greenish-yellow color of the skin.

Case 4.—John D., adult; had been somewhat indisposed a week or two; rheumatic pain in right shoulder, extending to the pectoral muscles, producing inability to draw a deep inspiration; had a single thickly set patch of impetigo figurata upon the inside of left leg, between knee and instep, which soon became crusted, discharging a purulent ichorous secretion, that irritated the surrounding skin, producing a wide, inflammatory margin; it was painful and sore, so much so that it was with great difficulty that he could walk. His little daughter had at the same time a considerable number of pustules of the sparse variety of impetiginous eruption upon the arms and hands. I gave him five drop doses of the dilution of Juglans and three drop doses of the same to the daughter, to be repeated three times per day. In ten days, both were cured.

Case 5.—Dec. 15, 1865. Was called to see Flora B. aged 18 months. Found her as follows: An impetiginous eruption upon her chin, which had been torn and broken, producing hard crusts, which nearly covered the entire surface; some scattering crusts of the same upon the hands and arms; several large aphthous sores upon the inside of the lips and upon the tongue, bowels very much constipated, altogether making the child very fretful and feverish. The ichorous secretion of the sores had inoculated the mother's breast, (she was still nursing the child), producing similar sores around the nipples.

I advised the immediate weaning of the child, and prescribed 20 drops of the first decimal dilution of Juglans in half a glass of water, a teaspoonful every four hours; also a glycerole of the same applied to the eruption, three times per day, the same to be applied to the mother's breast.

Dec. 20.—Very much improved; apthous condition of the mouth all gone; crusts rapidly drying and falling off; bowels had moved natural and healthy; continue the same treatment with half the former dose.

Dec. 29.—Saw the father of the child this morning; said both mother and child were cured.

Case 6.—M. M., aged four years; had a patch of herpes circinatus upon the chin about the size of a dollar; had lasted two weeks and was steadily increasing in size; gave the second decimal dilution of Juglans three times per day in three drop doses. In one week the crust came off, leaving the surface healthy but somewhat reddened, which soon assumed its natural hue, and in two weeks the cure was perfect.

Case 7.—In my own case its use has been attended with such satisfactory results that I cannot refrain from giving them. I have been troubled from a child, with eczema of the hands, steadily aggravated of late years, one attack hardly subsiding before a fresh crop would make its appearance, often passing from the simple to the impetiginous variety, the ichorous and semi-purulent secretion oozing, upon exercising; the hands would crust over again, causing the most intolerable itching and soreness, in fact, I have been awakened many a time from sound sleep, to find myself scratching the skin from my hands, only to make a bad matter worse. I have also for the last five years had dyspepsia with bronchial irritation and cough. Have used Iris versicolor and other remedies, from time to time, without the least benefit; have taken Arsenicum a month at a time, in material doses, with but very slight improvement. During the latter part of the past summer, I concluded to try the Juglans in my own case. It was at the commencement of a fresh attack, I took three doses of the mother tincture twice a day, and to my great surprise and gratification, the attack completely aborted, the eruption disappeared in a week. I continued the medicine once a day for three weeks more, when I was equally gratified to find that the bronchial irritation had nearly left me, and that my dyspepsia was cured. I have since remained free from eruption or cough, except occasionally when I am exposed to the night air, when I get a slight return of the bronchial irritability. My appetite and digestion are good and I can eat anything that is suitable.

Case 8.—W. M—, aged 14, was about the 8th of April attacked with what appeared to be a mild case of eczema, of the hands and wrists. I was consulted, and prescribed Juglans, 1st decimal dilution, in five drop doses, three times a day. I did not see him again until the 14th, when I learned from his mother that she had started three days before to carry him away to school, some forty miles; but when about half

way, she found the disease becoming suddenly and rapidly aggravated, so much so, in fact, that she dare not proceed, but turned about and returned home immediately. She had discontinued the medicine, fearing, as she said, that it was what caused the aggravation, which I could not conscientiously dispute. At the time of my arrival, the second day after their return, as I was out of town, the eruption had become so aggravated that instead of a simple eczema, it had assumed all the characteristics of a fully developed impetigo figurata in its pustular stage. The patches had coalesced, and the eruption had become confluent generally; the pustules were discharging and crusting over, and there was a degree of tension and pain about them that was quite unbearable. After I had looked the case over, the mother wanted to know if I thought I could cure him: said she was afraid that I could not, as she had a similar attack when a child, which baffled the skill of some half a dozen physicians. I told her that the remedy he was taking was the right one, and would cure him; if it did not I should be very much disappointed. I immediately took the vial containing it, and made the second dilution from it with water; told him to take the same dose as before, three times a day. I also made a lotion by putting a dram of the tincture into half a pint of cold water, and applying cloths saturated in it all the while. This treatment was continued without any variation except to gradually diminish the dose for a period of nearly two months, at which time the cure was complete and the medicine suspended.

For the American Homœopathic Observer.

PHYTOLACCA IN TEETHING AND COUGH.

BY S. A. MERRILL, M. D.

We would advise our professional friends to test the virtues of *Phytolacca* in irritable teething. So far as we have had an opportunity in using it in these difficulties, it acts very promptly and efficiently. We were first induced to try its effects in a case that had resisted all other remedies. We were led to do so from noticing its effects upon the gums and teeth, in the provings of this drug:—"Irresistible inclination to bite the teeth together, etc." To our agreeable surprise, it not only instantly removed all the irritation of the gums, but at the same time cured a severe cough that was very annoying to the little sufferer. Both symptoms disappeared like magic. An older child in the same family, affected with a similar cough, (laryngeal,) was cured with a dose or two at the same remedy. We would suggest the use of the high potencies, as the low are apt to aggravate the symptoms. We used the 12th.

For the American Homœopathic Observer.

ROBINIA PSEUDO-ACACIA.

BY M. FUNK, M. D., NEW ORLEANS, LA.

I have treated a severe case of swamp fever; the patient is a man of about 45 years of age, suffering since three years, (and homœopathically treated by me since four months) with a sympathetic cough, originating from an enlargement of the liver, (auscultation and percussion of the pulmonary region being perfectly normal.) The paroxysms returned every day in the late afternoon, during which the consciousness was entirely suspended, and lasted most until three or four o'clock next morning, when he was suffering badly by flatulence and frequent eructations; at last with emissions of flatus the paroxysm faded away gradually. The indicated remedies seemed to have not the least power of diminishing the symptoms; the paroxysm on the third day of treatment was so severe that the patient collapsed; the eyes were sunken; face hippocratic; a rattling of mucus in the throat and chest, which was nearly suffocating. His wife and children were standing around his bed, crying and lamenting, and neither myself, nor any one of his present friends, expected him to live an hour longer; *Carbo vegetabilis* 100th, removed the most imminent danger within an hour, so that rest and a sound sleep set in, which lasted from 8 until 2 o'clock at night, when he awoke, and had not the least recollection of his nearly fatal attack of fever, except a feeling of most extreme weakness. He had however, three more attacks during the following three days, not so severe, but little less, during the intermission, before the last of which I administered *Cornine*, first decimal trituration, three grains in one half a tumblerful of water, in teaspoonful doses, every hour. Just before the attack he was asking for water, and by mistake the tumbler with the *Cornine* solution was given to him, and he drank it all up. Soon after he had a very severe attack of fever, with delirium, the worst he ever had, and I was quickly called for, but when I came the aggravation had subsided, the fever and unconsciousness,

however, lasted as long as ever, also the distressing flatulence; at last, about 5 o'clock, with emissions of flatus, the fever left again, but the prostration was as great as ever; the head dull and heavy; distressing dreams when shutting the eyes. I searched the whole materia medica for a remedy against this most distressing symptom of flatulence, which appeared to be the chief cause of the whole fever; finally I found in the the American Homœopathic Observer, of 1866, page 271, a fragmentary proving of Robinia pseudo-acacia, by Dr. Spranger, and the following symptoms, *Great distention of the bowels with flatulence*. The intestines seemed to be extended to a great degree, and were very painful; relief after flatulent discharges."

The remedy was not to be had at the homœopathic pharmacies in New Orleans; therefore I gathered myself some leaves of a tree of Robinia pseudo-acacia, which I mashed in a porcelain mortar, with some alcohol, and pressed them out, thereby procuring a tincture of dark green color, of which I prescribed two drops every hour. Many flatulent discharges through the mouth followed for several hours; at 11 o'clock in the night appeared a *very slight* attack of fever, lasting only two hours, without any more trouble by flatulence, and by perfect consciousness. Patient slept very well during the rest of the night, and until 8 o'clock; then he felt strong enough to get out of the bed, to have it made up, and in again, without aid. The fever with all its symptoms has left entirely, and patient is cured, except from his chronic cough, which is sometimes relieved, but not cured perfectly, by Senega, Copaiva, Cimicifuga, etc.

In the proving of Robinia pseudo-acacia it is not mentioned how the tincture was procured. I guess the best way would be, to gather in the spring the young leaves, flowers and bark of branches and roots, to collect all the active principles of the plant, and I was somewhat doubtful whether the juice of the old tough leaves late in the fall would possess the power of acting at all, but the result was however perfectly satisfactory.

For the American Homœopathic Observer.

GELSEMINUM IN MILIARY FEVER.

BY W. N. WHITESIDE, M. D., OAKWOOD C. W.

Miss M. A. W., aged about 18, on the 14th of August, 1866, while feeling rather chilly and unwell, went into a wet swamp to pick huckleberries. She had been poorly a day or two, and was chilly in the swamp. Next day she was hot and thirsty, but the following day she was cool and moist and sweat freely, whenever she went to sleep; a cool sweat and chilly on waking, so she dreaded to go to sleep; throat became sore; deglutition painful; vomited nearly every day; was very weak; bowels moved about once a day as she took generally two of Ayer's pills; stools dark.

August 21.—I was called in; she had considerable appetite to-day, and did not vomit; there is an apthous looking spot on the right tonsil, and another on the pharynx; no swelling; pulse 84; pupils dilated and somewhat sensitive; skin moist. I ordered a cool bath night and morning, and Gelseminin first decimal, one grain, and the tincture of Gelseminum first decimal, about one drop, in alternation every hour.

August 22.—Pulse 84; pupils dilated but more sensitive. they waked her several times through the night to give the medicine and found her cold and sweating freely. She has not sweat since morning, and feels better; continued medicine and bathing, also a warm hip bath and hot cloths to the abdomen.

August 23.—Did not sweat last night and was less chilly; the apthous patch is broader but less defined, and feels less sore; pulse 72, strong; pupil quite contracted; no miliary eruption visible; medicine every three hours.

August 25.—Is better but weak; gave 6 powders of Quinine first decimal, three a day.

August 27.—Doing well.

September 3.—Has gone to work.

The symptoms seemed to correspond, best with the "miliary fever," as described by Wood under miliaria in skin diseases, and Dr. A. Tweedie, in the Cyclopædia of the Practice of Medicine.

BAPTISIA TINCTORIA IN GASTRIC FEVER.

BY DR. BAYES.

Dr. Bayes reports the following interesting case of gastric fever of a typhoid type, in the "Monthly (British) Homœopath-Homœopathic Review : "

Miss H., a lady between 20 and 30 years of age, was first seen by me, in consultation with Dr. Morgan, on January 10th.

HISTORY.—For ten days or a fortnight had looked so ill that her friends anticipated some serious illness.

On Saturday, January 6th, had shiverings, followed by fever and general malaise.

On Sunday, January 7th, went to church, but returned home feeling very ill.

On Tuesday, January 9th, having been constipated in the bowels, an enema was administered, which brought away a large solid motion.

On Tuesday night slept for some hours, but on the whole, was very restless.

On Wednesday 10th, was decidedly worse. I first saw her on that day. Her general aspect was that of low fever; her cheeks were yellowish, with a deep flush in the center; her eye dull; tongue deeply furred, yellowish white; pulse 110 and somewhat variable, weak and thready, alternating with a feeble beat.

From this time till Friday the 19th, she gradually became worse; the typhoid state became pronounced; her nights were sleepless and wandering; there was occasional diarrhoea; frequent perspirations; great aversion to food of all kinds; great aching in all the limbs and muscular soreness; great and persistent tenderness over the cœcum.

On Friday, 19th, at 3 A. M., a distinct crisis occurred; the pulse became weak and thready; perspiration stood on the face and forehead, with fainting, etc. The patient persistently refused nourishment and stimulants, but I administered nearly a tumblerful of sherry to her myself when she rallied.

Saturday 20th. Very faint and exhausted; she refused all stimulant, and almost all food, saying she had no power to swallow. All through the attack she had said she should not recover, and this hopelessness of life is always a very hard enemy to battle against. The patient lay in a semi-comatose condition from this time. The evacuations passed unconsciously; the urine was alkaline and very offensive. When roused she refused food, saying she could not swallow; the mouth was aphthous, and the tongue, to some extent, ulcerated; the teeth and lips covered with sordes; if stimulants were put into the mouth they were put out again. I ordered small injections of beef tea, thickened with starch. These were administered at intervals, but the patient continued to sink; even our medicines were returned from the mouth unswallowed.

On Tuesday at 2 P. M., the patient was reported to me as dying. I went round to see her, and from the mucus rale in the throat, from the sinking down in the bed, the position of the patient lying with the head thrown back, with the jaw dropped, she really appeared so, but her pulse gave me some hope (though, as I have seen the pulse keep up in typhoid fevers to a very short time before death, I did not feel great hope). I therefore ordered the nurse to continue the administration of the beef tea enema, she refused, saying that it was of no use and she would not torture a dying woman; fortunately the lady's maid was of stronger mind, and carried out my instructions.

As all our usual remedies had failed, I now turned to Baptisia. The patient could not swallow—even half a teaspoonful of water, given by myself, nearly choked her; I therefore determined to run no further risk of such a catastrophe, and simply ordered a mixture containing ten drops of the mother tincture of Baptisia to the half-pint of water, which was to be applied to the tongue and mouth by means of a large camel's hair brush, every ten minutes or quarter of an hour.

I called again in about two hours, and found the patient better and abble to swallow a little. I therefore now ordered a teaspoonful of the mixture to be given every hour, followed

immediately by a teaspoonful of beef tea. In about four hours I saw her again, when she could not only swallow, but relished the beef-tea.

I made no further change in the medicine, save to gradually lengthen the interval between the doses.

To use an expressive phrase, she never looked behind her and made a very rapid and capital recovery.

We gradually increased her nutrition, and after everything she took I ordered her a teaspoonful of brandy and water. This plan of gentle stimulation was continued for some time.

On the 24th of February I took my leave of her, she being perfectly well.

I have seen this loss of power to swallow in other cases of gastric fever. It amounts to a paralysis of the organs of deglutition, but I have always hitherto seen this symptom fatal. I have no hesitation in attributing this patient's recovery to the Baptisia, and only regret that I had not known of this remedy years gone by. I ought to have added that the urine became acid and its odour natural, within eighteen hours after taking the Baptisia.

SPERMATORRHOEA.

I do not recollect reading anything on seminal emissions, in your publication. Nearly all the physicians with whom I have conversed, profess no knowledge in that direction. Can it be that similar ignorance pervades the minds of your "honored," learned and skillful contributors? If not, why this significant silence? A few lines by some one whose success would warrant an attempt—on the treatment—will do much good, and a great deal more than volumes of the verbose, bombastic stuff in some of our journals.

K.

[We beg leave to inform K., that Dr. Thomas Nichol, of Belleville, C. W., is now preparing a work on this subject, which we expect to publish soon.—ED.]

Surgery.

For the American Homœopathic Observer.

Fistula in Ano, Cured by Large Doses of Rhus Toxicodendron.

BY L. G. SANFORD, M. D., PATTEN, MAINE.

Some time in January, 1865, I was called to visit M. S., 56 years old, who was suffering with an attack of pneumonia, and he told me he had some trouble with the anus, which gave him a great deal of trouble, and on making an examination I found two fistulous passages on the left side, three inches in length, with considerable soreness around the opening. I ordered the parts to be washed with warm water, and prescribed Aconite and Phosphorus for the lung difficulty, and left to attend other patients. On returning the next day, found the lung difficulty some improved, but Rhus toxicodendron seemed to be indicated, so I left the tincture, (not being a convert to small doses at that time,) one drop in a spoonful of water once in three hours, and told them I would call the next day, but business preventing, did not call until the second day; met one of the family on their way after me, saying their father was worse and could not lie down, and that there had come out all over him a dreadful humor. On entering the room I found my patient bolstered up in the bed, gasping for breath; had some pain in the left side. Gave Bryonia 10 drops in a tumbler half full of water, one teaspoonful once in two hours till better, then once in four; left, saying I would call the next day; on returning found my patient much improved. During the conversation he told me that he did not know but that he took too much medicine, as he trusted the boys to drop it, and sometimes they dropped three or four drops. Left Saccharum lactis powders to be taken once in four hours; told him I should not call again unless I heard from him. In about two weeks he called in at my office to tell me that I had not only cured him of the lung fever, but of the other trouble, which he had had for 15 years. I saw him the other day, and he told me that he had been well ever since.

For the American Homœopathic Observer.

CALENDULA OFFICINALIS.

BY G. W. CAMPBELL, M. D.

Let my desire to bear witness to the excellent effects of *Calendula*, as an external application, be my excuse for obtruding this letter upon the notice of the profession.

On the first day of April, 1864, Charles Elba, aged about 40 years, while engaged in carrying lumber from a circular saw, fell backwards upon it, while in motion, which penetrated the right upper arm, just below the acromion process, lacerating the deltoid and subjacent muscles fearfully, and cutting obliquely through the humerus about two inches below the head of the bone. Before he could be relieved from his perilous position, I was sent for, but being from home, Dr. H. was called in, who decided that amputation would have to be performed, and sent for Dr. S. to assist in the operation. They accordingly met on the following day, but after pro-ing and con-ing for a time, it was decided that amputation was inadmissible, as no flap could be raised to cover the stump. The wound was, after removing the fragments of bone, brought together by sutures of stay silk, and cold water dressing applied externally, and beer ordered to sustain the strength, while Morphine was exhibited to procure sleep. Under the above treatment the wound suppurated so profusely, that hectic symptoms intervened, and the patient sunk so rapidly, that the doctors informed his friends that they could be of no further service to him; and that in their opinion the patient had but a few hours to live. I was accordingly sent for on the 17th of May, nearly eight weeks after the occurrence of the fearful accident, and found my patient in anything but a hopeful condition. His arm was lying on a small table by the side of the bed, to allow the shoulder to project over the side of the bed, in order that the pus, which was discharging from three apertures, might descend into a basin placed for the purpose. The right leg was swollen to more than twice its ordinary dimensions, owing, as I supposed to matter having descended

between the skin and cellular tissues, while the sunken eyes and blanched features, forbade any other than an unfavorable prognosis. But as the patient was desirous that I should treat him, I substituted the best Rhenish wine for the beer, applied Calendula water, made from the fresh flowers, to the wound, exhibited Assafoetida and China internally; and in one week there was, contrary to my expectations, a very decided improvement in my patient's appearance. His appetite, which had left him returned; he had every night, without the exhibition of anodynes, a few hours of refreshing sleep; the swelling in the leg had considerably diminished, and in three weeks wholly disappeared; but this I attributed to a counter opening which I made in the side through which the pus passed in its descent. At the end of three weeks he was removed to his own house, for he was from home a distance of four miles, when he met with the accident. And in one month from the commencement of the treatment there was not more than three table-spoonfuls of matter discharged at each dressing. During the course of the treatment, four medicines only were exhibited, viz: Assafoetida, China, Mercury and Hepar sulphur. The Calendula was constantly applied for three months, at the end of which time the wound was completely healed, and the arm is now quite a serviceable member. The upper arm is stiff and slightly projecting; but the fore arm is quite flexible, and he can lift or carry with it nearly as well as before the accident, and it is constantly improving in strength and flexibility. The allopaths with whom I have had conversation upon the above case, attribute the success wholly to the wine; but wine alone could not, in my opinion, have diminished the discharges so quickly; and it was from that cause that the greatest danger was to be feared; and if experience will not be accepted in such cases, I know not from whence more convincing proofs can be drawn.

In the above case we have a severe lacerated wound, and one which, according to the law by which homœopathic physicians are guided in their search for remedies points directly to Calendula as the specific; it is applied, and the result fully justifies the selection.

For the American Homœopathic Observer.

SURGERY IN THE HANDS OF HOMŒOPATHS.

BY DR. A. M. CUSHING, LYNN, MASS.

Believing that homœopaths make better surgeons than allopaths, I will give you one case from my practice: Four weeks since James M., aged 13, had his hand caught in a machine for splitting leather, consisting of rollers about one fourth of an inch apart, (or the thickness of sole leather,) behind these a sharp knife to split the leather. His right hand was caught between the rollers, passing through, splitting all the fingers, the second and third to the hand, the first and fourth nearly so, the muscles ligaments and pieces of bone hanging loose on the palm of the hand. An allopath M. D. said amputate the fingers, (a part at least,) and said I was a quack. I said save all we can, cut off the rest. I placed him under the influence of chloroform, removed the pieces of bones and ends of the ligaments, dressed those least injured, first, entirely by sutures, taking the stitches deep, thirty or more. I then applied soft linen cloths wet with *Calendula* θ one part, to water five parts, till the granulations began to appear, which were very red and angry looking. I then treated the defunct fingers with pulverized golden seal root, (*Hydrastis*,) burnt allum and pulverized blood root, (*Sanguinaria*,) keeping them moist with *Calendula*, as above. As in all former instances the Blood root acted much the best. In such cases it is the best article I ever use. The middle finger gathered and opened in two places, on the back and it discharged freely on both sides. Still I have saved all the fingers and all the joints, and the fingers are nearly all well. So much for the quack.

DOMESTIC TREATMENT OF SEVERE INJURIES.

Mr. Lorenzo Backus, of Duncan, Michigan, was severely injured last Spring. His coat caught around a shaft that was running at the rate of a hundred revolutions per minute, drew his right side to the shaft, and threw him over backwards. His feet struck the framework, passed it, and went over an iron rod; his legs struck it at the knees. As he went backwards, his feet dropped down and brought him up with a jerk, stopping him at once, bruising the back part of his legs. The ligaments were much strained. The scalp was torn off the back part of his head. The injuries were so severe that his friends did not expect him to survive, yet by the use of a good tincture of *Arnica*, and careful nursing of an attentive wife, he has been restored. Mr. B. lives in the northern part of Michigan, a long distance from any physician.

Miscellany.

For the American Homœopathic Observer.

CRIMINAL ABORTION.

The article under the above caption, published in Oct. No., demands a passing notice. There is little weight in an individual opinion, unless its author assumes to be a teacher and guide of the public mind. What Dr. Hale may think of the principles of criminal abortion, derives its chief weight from the fact, that as all the world knows, he has written a book upon the subject. Showing himself to be no "moral coward," he has fearlessly entered a field, new and almost untried, and has so thoroughly unearthed the hidden and unknown agencies of death, so extensively used by the professional abortionists, that we may well wish that he has left nothing undiscovered. Although we have had for years past an immense amount of abortion practice, we have been practically without abortion literature. Still, the minds of the intelligent members of the medical profession have long ago settled down upon a number of general principles relating to this subject. Let us indicate a few of them.

1. The impregnated ovum of a woman at all stages of its development, is in essence and in fact, a human being. Quickening and viability, are events in the developing process, that are made to mark the boundary to stages that exist only in the imagination. Except in character, the existences of the ovum, foetus, child, and man, are alike mere dependencies. In point of fact, there never was such a thing as an independent creature.

2. To arrest the development of the ovum at any period, is to take the life of a human being; and unless the end warrants the means, is an act of unjustifiable homicide.

3. The life of the mother, and the life of the child, are to be held alike inviolable; but it may become necessary in order that both do not perish, that we must take the ovum's or

child's life, not because it is any less sacred than its mother's, but in no other way can one of the two be saved.

4. Cases requiring the induction of abortion so seldom occur, that a detailed account of the matter in our text books, can be of little use to any, save that class of individuals whose true titles should be *murderers*, but who are known only as abortionists by trade.

How far Dr. Hale's Treatise on abortion coincides with the above, we leave the reader to judge. We beg leave to suggest however, that a man whose moral convictions rest on no higher ground than is occupied by the letter of the civil law, is an unworthy and unsafe guide for the medical profession, or the public mind. In most of the States, the law recognizes quickening and viability, to mark the boundaries of essentially distinct states in the existence of the ovum. But the unanswerable facts of Physiology, show the utter falsity of such views. The law, however, does not presume to allow an induced abortion, except *to save the life of the mother*. In this it takes high and commendable ground. But Dr. Hale, *ex-cathedra*, grants plenary indulgence to all who may destroy the life of the child or ovum, in order to save the *health* of the mother. That most fickle of all fickle things, a woman's health, is a most dangerous gauge for our moral acts and responsibilities. We submit that Dr. Hale finds no warrant for such teaching, in the laws of the various States quoted in his book, and no one can safely follow such instructions, unless the law be first amended. The law says, the *life* of the mother is the only question, but Dr. Hale says—and so far as we know he is the only medical man who has dared to teach the doctrine—that the *health* of the mother is an equally potent reason; of old abortionists have offered in extenuation of their crimes, this flimsy plea; and now they have a “thus saith” the only authority on the subject extant. In every instance, the laws quoted by Dr. Hale forbid the very course he recommends.

But suppose our ideas upon this matter are rather old fashioned, and obsolete; and we now endeavor to secure the needed reform in law and practice. Suppose we add to the question of *health*, the question of *ease*. Let us take into consideration also, whether or no it will be *convenient* after the

child is born, to feed and clothe it properly. Ponder also the fact that it may be born unfashionably near the day of marriage; and, as Dr. Hale is fond of quoting Hindoo, let us imitate the Indian, and be guided in this matter by the deficiencies and excess of the sexes. In short let us very generously and "courageously" adapt the law and our practice to the assumed necessities and desires of the case. It is very possible that such a course may in a few years reduce the figures of our annual census, but then we have the satisfaction of knowing that it will in an equal ratio, reduce the number of moral cowards. With matters thus nicely arranged, there would be no difficulty in having it said of the weakest among us, after a few years practice, "Saul hath slain his thousands, and David his tens of thousands." Under such circumstances, no advantage could be taken of the fullest possible information, of the *modus operandi* of abortion. Indeed, a general diffusion of such knowledge would seem to be desirable; else how could we have the "moral courage" to approach the nestling place of this embryonic immortal? how could we find it resting so securely in the nidus of its mother's womb, and "bravely" thrust its unresisting form, through and through with our polished steel, unless we were first armed with the necessary knowledge, and disarmed of all conscientious scruples. There would then be no more occasion for gray headed veterans in medical practice, to say, that they had practiced a score of years, without ever having seen cause for inducing abortion.

More than one young man among us, could count as among the trophies of his first few years practice, not less than 200 cases of abortion.

Dr. Hale takes us to task for "garbling" an extract from his work, claiming that we should have quoted the context; which, if we judge aright, means the whole book. We beg to decline the task; for so repugnant to our moral sense was what we did quote, that we could not well wish it more; and we did not see either in the explanation or context, any better light thrown upon the statement.

We fondly cherish the hope, that so outspoken and plain will be the views of the medical profession, and so adverse will those views be to the sentiments indicated in the Treatise on Abortion, that the work will be promptly suppressed, or materially amended.

"With *malice* toward none, and charity for all," we shall, if so disposed, freely criticize the writings of our medical authors; but we shall spurn with indignation, the charge of any "personal" motive in the act.

WILSON.

Colleges, Societies, etc.

For the American Homœopathic Observer.

AN EXPLANATION.

BY T. P. WILSON, M. D. CLEVELAND, OHIO.

It is possible that some industrious antiquarian, in searching the past pages of this journal, may chance across an article entitled, "A Plan;" and he may vainly seek in any subsequent event of history, for a fulfillment of the promises therein made; and he may wonder what it all meant, unless he seeks the key, in this explanation. Our proposition simply was, to use the pages of the secular and religious journals of the country, in placing before the young men of the country, the knowledge of the great demand there is of homœopathic physicians—how long it would take, and what course they should pursue to fit them for practice; and what they might expect in the way of business, when they had once entered upon the work. Hundreds of young men, who know nothing of these facts, would, were they once informed of them, gladly invest their time and talents in the practice of homœopathy. Our colleges, instead of having but moderate classes, would find their halls crowded with students. An appeal was therefore made officially and direct to each of the other four homœopathic schools, asking their co-operation, and explaining more fully than we can here, how, with a moderate outlay of expense, and the use of but little time, these facts could be placed in the hands of multitudes of young men who would never see them, however often repeated, in the medical journals.

Note the result. Three of the medical colleges paid no notice whatever to the proposition. Common courtesy did not suggest to them the need of a reply of any sort. The other college gave officially a hearty acquiescence for a short time, and then dropped the subject without further notice. And we are now engaged in the work of delivering our winter

course of lectures to classes not materially larger than heretofore.

There may have been good reason for this apathy on the part of colleges; but the result was certainly most unfortunate. Our explanation can go no further than this, for the causes leading to this result are inexplicable. The plan might possibly have been a poor one, but we wonder that those interested did not say so. It might have failed if it had been tried, for

The best laid schemes of mice and men
Aft gang awry."

Cleveland Homœopathic College.

The seventeenth annual course of lectures commenced Oct. 26th, and will continue eighteen weeks. It will be a source of gratification to the medical profession to be assured of the continued prosperity of this pioneer school of homœopathy. Our devotion to the great doctrine of *similia similibus curantur*, has at all times met the cordial approbation of the intelligent and influential practitioners of medicine in all parts of the country.

Our object shall still be to teach all that pertains to scientific medicine, having reference perpetually to the great principles enumerated by the founders of homœopathy. With no increase of fees, and largely increased facilities for instruction, we are now giving in our regular terms, a total of five and a half months of lectures. Our class at present is large and daily increasing.

W.

Hahnemann Medical College.

The preliminary course of lectures in this institution ended on the 26th of October, twenty students having been in regular attendance.

The introductory address, commencing the regular course of lectures in the first or Junior term, was delivered by Prof. Mitchell, on Friday, October 26th, to a class of forty-five students.

Hahnemann College appears to be rapidly gaining in favor, as its steadily increasing matriculants show. Located in the metropolis of the Northwest, this institution will doubtless become one of the most flourishing in this country.

Homœopathic Medical College of Missouri.

This western school of medicine is certainly deserving of the liberal support it is receiving. In its faculty are some of the oldest and best practical physicians in our profession. Its surgical department is especially worthy of notice. Hospital facilities are now open to its students, and all the requisites for the successful pursuit of medical knowledge at hand. We cannot speak too highly of many features in this college to do justice to those who have maintained it, during the past few years of trial, in that part of our country.

New York Homœopathic Medical College.

This institution opened its present course with flattering prospects, having a large number of students in attendance, and a full faculty. This college stands high with the profession, and is sending out an able corps of physicians every year. It enjoys unusual facilities for the purpose of medical education. Many advantages accrue to it from its metropolitan location, such as a number of clinics, large dispensaries, and several hospitals, where innumerable surgical operations can be witnessed.

Homœopathic Medical Society of the 17th Congressional District of Ohio.

This society met at the office of T. A. Shane, in Wellsville, Oct. 3d. Dr. Rush, of Salem, President; Dr. Heaton, of Alliance, Secretary. After transacting the preliminary business of the Society, such as reading minutes, admitting members, etc., important cases were reported by Drs. T. A. Shane, Nelson, Pearson and Heaton. Interesting papers were read before the society: Homœopathy, by Dr. H. S. Sook, of Steubenville; on the primary and secondary action of drugs, by Dr. W. H. Nelson, of Mechanicsville; on stomatitis, by Dr. S. C. Shane, of Steubenville, which was ordered to be sent to the 'American Homœopathic Observer' for publication; after which the society adjourned to meet at Steubenville, at the office of Drs. Sook & Shane, on the first Wednesday of May 1867.

The *Wellsville Union* says: "The doctrine of Hahnemann, though comparatively new, is making rapid progress in this part of the country, and many of our most intelligent citizens are availing themselves of the benefits of the new method of cure, as embraced in the law *similia similibus curantur*."

SOCIETIES—WHEN AND WHERE THEY MEET.—1867.

JAN.—*New Hampshire Homœopathic Medical Society* at ———, Jan. 20.
J. H. GALLINGER, Secretary, Concord, N. H.

FEB.—*New York State Homœopathic Medical Society*, at Albany, N. Y., on second Tuesday in February, 1867.
H. M. PAINE, M. D., Secretary, 104 State-st., Albany.

APRIL.—The "*Massachusetts Homœopathic Society*," Annual Meeting, Wednesday, April 11, Semi-annual Meeting, Oct. 10.

MAY.—The "*Western Institute of Homœopathy*" at Indianapolis, third Tuesday of May, 1867.

MAY.—The "*Canadian Institute of Homœopathy*" convenes at Brantford, C. W., second Wednesday in May, 1867.

MAY.—The "*Homœopathic Medical Society*," of the State of Pennsylvania, meets at Philadelphia, on the second Wednesday in May, 1867, at 10 A. M.
BUSHROD W. JAMES, M. D. *Rec. Secretary*, Philadelphia.

JUNE.—The "*American Institute of Homœopathy*" at New York city, on first Wednesday in June, 1867.
I. T. TALBOT, M. D., *Gen. Secretary*, Boston.

JUNE.—The "*Michigan Institute of Homœopathy*" at Jackson, Mich., on third Tuesday of June, 1867.
EDWIN A. LODGE, M. D., *Secretary*.

The "*Philadelphia County Homœopathic Medical Society*," meets monthly, on the third Thursday evening of the month, at the Homœopathic College building.
R. J. McCLATCHEY, M. D., *Secretary*.

The *Cook County Homœopathic Medical Society* meets every alternate Friday evening, in the Museum of the Hahnemann College, Chicago, Ill.
J. CATION DUNCAN, M. D., *Secretary*.

The "*Cuyahoga County Medical Association*" meets on the first Monday of each month, in the rooms of the City Dispensary, 158 Seneca street, Cleveland, Ohio.
GEO. W. BARNES, M. D., *Secretary*.

[Secretaries of Societies will oblige the Editor by sending their names and addresses, with dates and places of meeting, copies of proceedings, &c.]

Book Notices, etc.

NEW REMEDIES.—Their Pathogenetic Effects and Therapeutic Application in Homœopathic practice, by Edwin M. Hale, M. D. Detroit; published by E. A. Lodge, 51 Wayne St.

Parts I to IV of this work have been issued, containing pages 16—592. The fifth part is ready and the sixth will speedily follow. The seventh part will complete the work, and we hope to have it bound and ready for delivery in January. The number of pages will exceed one thousand, and the price, well bound, will be eight dollars. Subscribers to the Observer, who remit \$9 before February, will receive the work by mail or express, postage or freight prepaid, and the Observer for 1867 will be sent to them regularly without any extra charge; or we will supply a bound volume of the "New Remedies" to any friend who will send us the names of ten NEW subscribers, with the \$2 for each, (\$20).

The first edition of this work contained 448 pages only; the new edition has been rewritten, thoroughly revised and enlarged to more than double the size of the old. The paper upon which it is printed cost 50 per cent. more than that used for the first edition, and the mechanical execution of it is in every respect superior.

As to its value, we refer to its recommendations in all the homœopathic journals, European as well as American. The remedies are used with success by physicians abroad, but we think that every American physician should take especial delight in fostering this, the first effort of any great extent that has been made to demonstrate the scientific application of our indigenous plants in the practice of homœopathy. Some of them are the most valuable remedial agents we now have. Heretofore they have been used only empirically. Now they have been thoroughly proved and their beneficial use shown in actual

practice. A few of the articles referred to have not yet been subject to accurate trials, but their introduction in the work will serve to stimulate investigation in the right direction.

The work includes about seventy remedies. Dr. Hale's arrangement has been to give, 1st, the scientific title of each drug; then its commercial or popular name; its analogues; its botanical description and relations; its history, indigenous or exotic, medicinal or as connected with the arts and sciences; officinal preparations; toxical effects; provings. Under the head of provings are articles and experiments from the best provers in the United States, and from both branches of our school. The Prof. does not exclude certain high potency theories and experiments because they are not adopted by a majority of the profession. Yet he is known to have enlarged views upon these disputed points, and a wide field from which to gather the gleanings of experience. Finally comes the *Résumé* of all the provings of each remedy, with extended clinical observations, carefully collated from authorities of all schools, being careful, however, to state that such views as come from other than homœopathic sources are not from our own school.

The clinical index will finish the work, and especial pains will be taken to make this as complete and accurate as possible, so as to render the book convenient for reference to the practitioner.

POPULAR HOMŒOPATHIC JOURNAL, C. A. Jæger, publisher and editor Elgin, Ill.

The October number comes to us with its eight pages well filled with reading matter. This is only the sixth month of this journal's existence, but we learn from a private note from the editor, that it has given up the ghost. Having sunk several hundred dollars in the enterprise, the publisher proposes to withdraw, feeling that he has contributed his full share to the work of popularizing homœopathy.

Our friend Jæger is a merciless joker, as well as sharp writer, On one page of the present number he says: "Physicians will please remember that this is THE paper for the laity," and in consequence should be widely scattered among the people. On the opposite page, the Doctor, in broad faced type, announces the fact that, "Some 560 physicians have received from *one* to *ten* copies of this journal, and are indebted to us; and the worst of it is we are almost positive that these honorable (?) men do not propose to pay us anything." And he closes by saying, "We have come to the conclusion that the human family comprises among its members a very large number of *very mean* men." What an item for us doctors to give our patrons! Constable Dogberry, who desired to be written down an ass, might relish such a reputation; not we. As we have a hundred copies—and all paid for—on our table, we offer them for distribution to the questionable "(?)" gentlemen, who by their negligence or criminality have entailed a bad reputation on the profession.

W.

COMMUNICATIONS RECEIVED.

Discussion in Philadelphia Co. Homœopathic Medical Society. Triosteum perfoliatum. Hydrastis canadensis in diseases of the heart. Fallacy of dental symptoms in provings. Reply to "A Look ahead." The Bible of Homœopathy, by A. J. Bellows, M. D. Phytolacca decandra, by Dr. Keep. Letter from Prof. S. R. Kirby. Sanguinaria canadensis in Pseudo-membranous Croup. Homœopathic Statistics. My First Steps. Plantago major. Review of "What is Life." Proving of Sanguinaria canadensis. Proving of Trifolium. Homœopathy—by T. C. Hunter. Cactus grandiflorus, Etc. Homœopathic Electropathy. Otitis Externa. Urea, its Cause, Nature and Effects. Effects of Bryonia on the Pulse. A Home for Consumptives.

Personal Notices.

Comstock.—We learn by the St. Louis *Dispatch*, that Dr. T. G. Comstock, of St. Louis, performed the operation of lithotomy at the Good Samaritan Hospital, (homœopathic,) on Oct. 27, 1866. The patient was an interesting orphan boy of seven years of age. Previous to the operation, Dr. C. gave a clinical lecture on the history, nature, and surgical treatment of urinary calculi.

Cushing.—Dr. C. A. M. Cushing, formerly of Lansingburgh, N. Y., is now located at Lynn, Mass.

Cowles.—Dr. E. Cowles removes to Bloomington, Indiana.

Garside.—W. B. Garside, M. D., formerly of Cincinnati, Ohio, is now associated with Dr. Dio Lewis, in his large Health Institution, near Boston, Mass.

Graham.—Dr. W. G. Graham, late partner of Dr. A. E. Keyes, of Ravenna, Ohio, has removed to White Hall, Washington county, New York, where he goes to take the practice of the late W. G. Wolcott, M. D.

Partridge.—Dr. J. M. Partridge, formerly of Ohio, has formed a partnership with Dr. J. D. Craig, of Niles, Michigan, one of the most efficient physicians of this State.

Peterson.—The Review of "New Journal of Medical Sciences" in the November No., was written by J. C. Peterson, M. D., whose name should have appeared at the end of the article.

Sprague.—Ezra B. Sprague, M. D., of Owego, N. Y., has been appointed Pension Examining Surgeon.

Whipple.—Dr. A. Whipple has removed from Delhi, Hamilton county, Ohio, to Springfield, Clark county, same state.

MARRIED.

KEYES—GRAHAM.—Oct. 9, 1866, at the residence of the bride's father, (Dr. A. E. Keyes,) by the Rev. J. Tribby, W. G. Graham, M. D. to Miss Fannie P. Keyes, all of Ravenna, Ohio.

OBITUARY.

HOWARD.—Dr. A. Howard, of Joppa village, Massachusetts, died September, 25, 1866.

VALEDICTORY—1866.

In closing our labors for the year, we desire to express our gratitude for the continued support of contributors and subscribers. On examination of the mail list we find that *that not more than twelve per cent* of our subscribers are in arrears, and nearly all of these will doubtless pay before January. The list of delinquents whose names are to be stricken off will be a very short one.

The list of contributors, as revised, appears on the next page to the title. A few names have been erased and many others added. Need we say that with the aid of these writers, we can promise that the "*American Homœopathic Observer*" for 1867 will be much more interesting and useful than any of the previous years. No one can be more conscious than the editor of the imperfections which have existed in the previous issues, but all must acknowledge that it has made a steady progress from the commencement to the present time. If each number shall be an improvement on all that have preceded it, we may hope soon to realize our *ideal* of a monthly homœopathic journal. A physician in Wisconsin writes:

"Your valuable 'Observer' I cannot prize too highly. It is destined to become *THE American Magazine of Homœopathy*.

Another in New Hampshire:

"Your Observer meets with unqualified praise among the profession in this region."

Were we to publish all the recommendations received they would fill a dozen pages. It appears that the Observer is just as well liked at the East as at the West, and our readers are now in every part of the country, except two or three Southern States.

We feel encouraged to make additional exertions to improve the magazine in all its departments and to secure for it a still more extensive patronage. We ask all our present readers to aid us in obtaining NEW NAMES to our subscription list, and to contribute to its pages as often as they have any items of interest to communicate. On our part no effort shall be spared to present, punctually on the first of each month, a magazine that will be welcomed to the table of all of our physicians.

PRICE-LIST

Detroit Homoeopathic Pharmacy.

DR. EDWIN A. LODGE,

Takes great pleasure in informing his friends and customers that his old location not having been large enough to furnish proper facilities

FOR THE INCREASED BUSINESS

with which he has been favored, he has removed to the *new brick building*

No 166 WOODWARD AVENUE, DETROIT.

The purchase of additional stock and re-fitting THE NEW STORE necessarily involved A VERY LARGE OUTLAY, which compels him to call upon all his customers

FOR SETTLEMENT OF THEIR UNPAID ACCOUNTS,

and he begs leave most respectfully to request that they will promptly remit whatever they may be owing

In addition to customary Pharmacy trade, it is intended to devote particular attention to **IMPORTATION OF PURE MEDICINES AND NEW MEDICAL WORKS,**

As well as to the publication of

MANY NEW AND VALUABLE BOOKS

and expect to make the New Establishment complete

PHYSICIAN'S SUPPLY STORE,

where every requisite for the profession can be readily obtained

ORDERS SOLICITED

It is proposed to continue the Pharmacy business in an honorable manner, with as good stock as can be procured anywhere, and to sell such stock, for cash, on as favorable terms as any other reliable house East or West

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TERMS STRICTLY CASH. Importers have relinquished the credit system, and now demand cash for every article. *My sales must hereafter be for cash exclusively.* If draft, money, or money order is not sent, goods will be forwarded C. O. D., collect on delivery.

The advantage of the Cash system must be apparent to all purchasers, when credit is given at a price as a way charged sufficient to cover risk of loss, this is equivalent to making the buyer pay for the loss of his disbursement. To make the best articles cheap, and for cash, if I wish to reap the advantages which cash purchasers receive. To pay for cash and send on credit would take more time, than I can employ in other business, and cost more to cash.

Money can be collected through the Express offices when desired, but as this involves an expense of from 2^{cts} to \$1.50, according to distance and amount, it is a way preferable to send Bankers' checks payable to my order. Sums not exceeding five dollars can be sent by mail, either in bank notes (U. S. notes preferred) or stamps. If sent in registered letters it is at my risk, if otherwise at risk of sender. If your post office issues **MONEY ORDERS**, this mode of transmission should be preferred for safety and convenience.

*² Articles not referred to in the price-list or advertisements purchased for customers without any charge for commission.

Goods forwarded promptly. Full weight on measure invariably. The **DECIMAL SCALE** is used at this Pharmacy, and the numerals 1, 2, 3, 4, &c., refer to the decimal triturations or dilutions.

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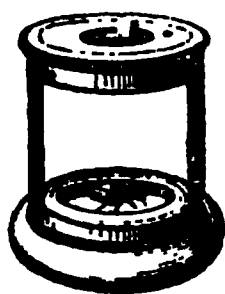
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CACTUS GRANDIFLORUS,
ACONITUM NAPELLUS RADIX.
BELLADONNA, &c , &c., &c.

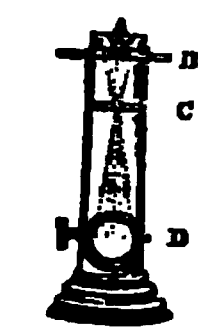
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4	Single Cases, Morocco covered, with 18 one dram vials.....	3 00	4 00
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6	Double Cases, covered with finest Turkey Morocco, 36 two dram vials.....	6 00	8 00
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16	Wrapper Case, Turkey morocco extra, with 52 No. 10 vials, and 10 long vials.....	8 00	10 00
17	Wrapper Case, extra Turkey morocco, 24 No. 4 vials and 12 No. 48 vials.....	7 00	9 00
18	Wrapper Case, extra Turkey morocco, 40 No. 4 vials.....	6 00	8 00
19	Common 24 vial upright case, one dram vials.....	2 00	3 00
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	Do do filled complete, in large quantities, at \$15 per dozen.....		
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35	96 one ounce vials.....	10 00	30 00
36	48 one ounce vials.....	6 50	17 00
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40	24 two dram vial.....	2 50	5 00
41	36 two dram vials.....	3 00	6 00
42	42 two dram vials.....	5 00	7 00
43	74 two dram vials.....	6 00	9 00
44	36 half ounce vials and four one ounce.....	6 00	10 00
45	26 half ounce vials and three one ounce.....	4 00	8 00
46	20 one ounce vials.....	3 00	8 00
47	15 one ounce vials.....	2 00	6 00
48	Ellis case, 48 dram and 3 half-ounce vials.....	4 00	8 00

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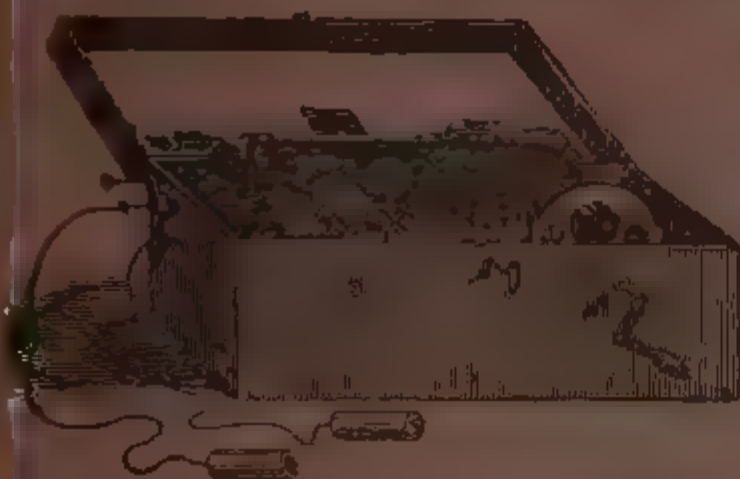
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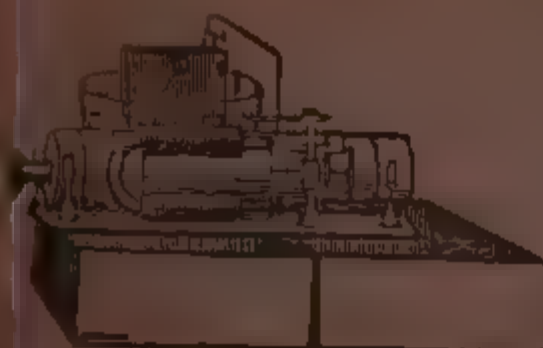
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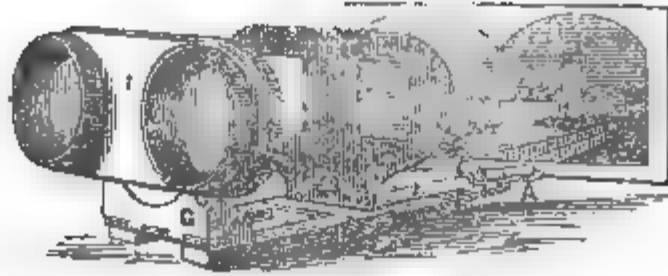
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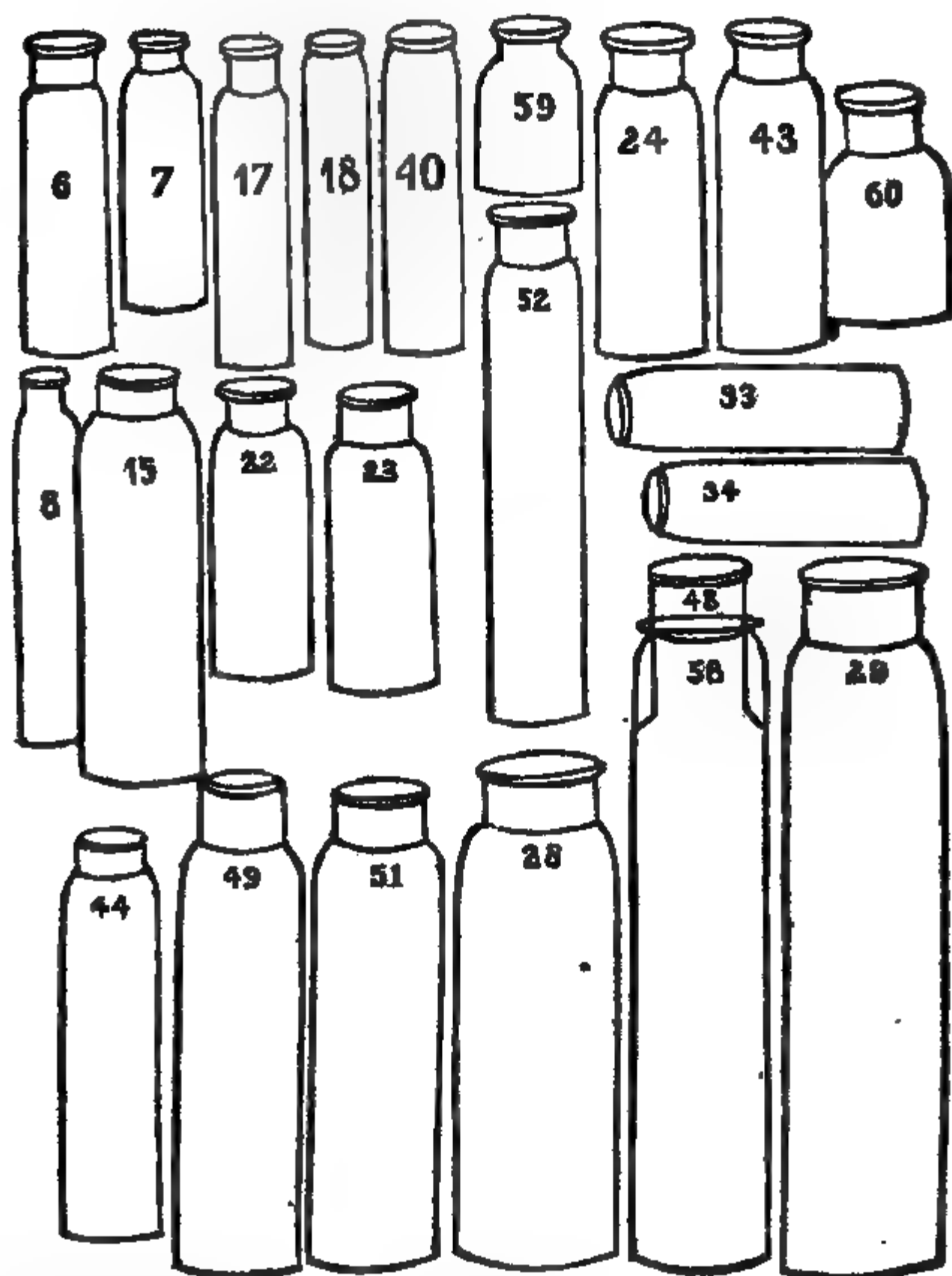
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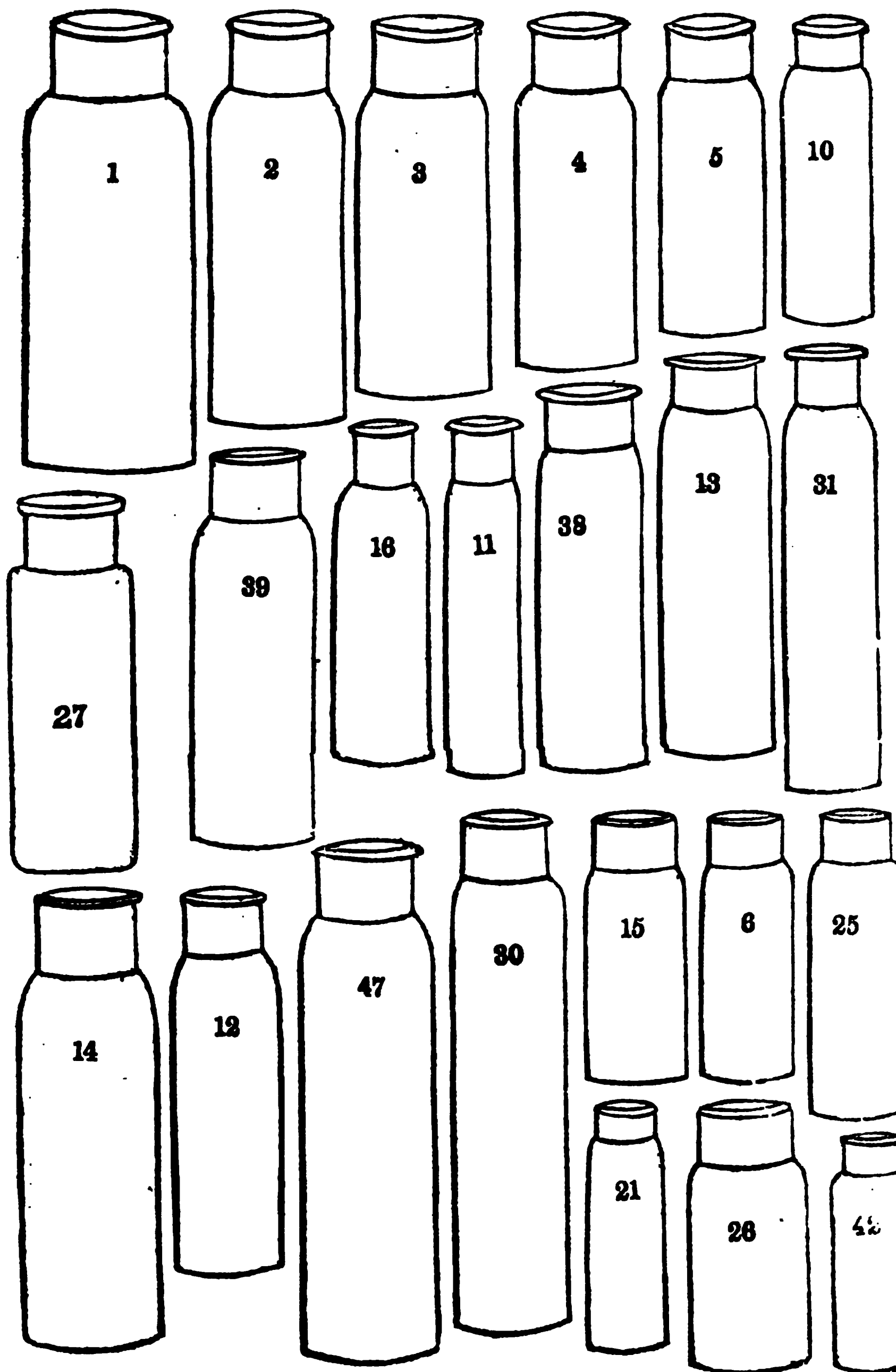
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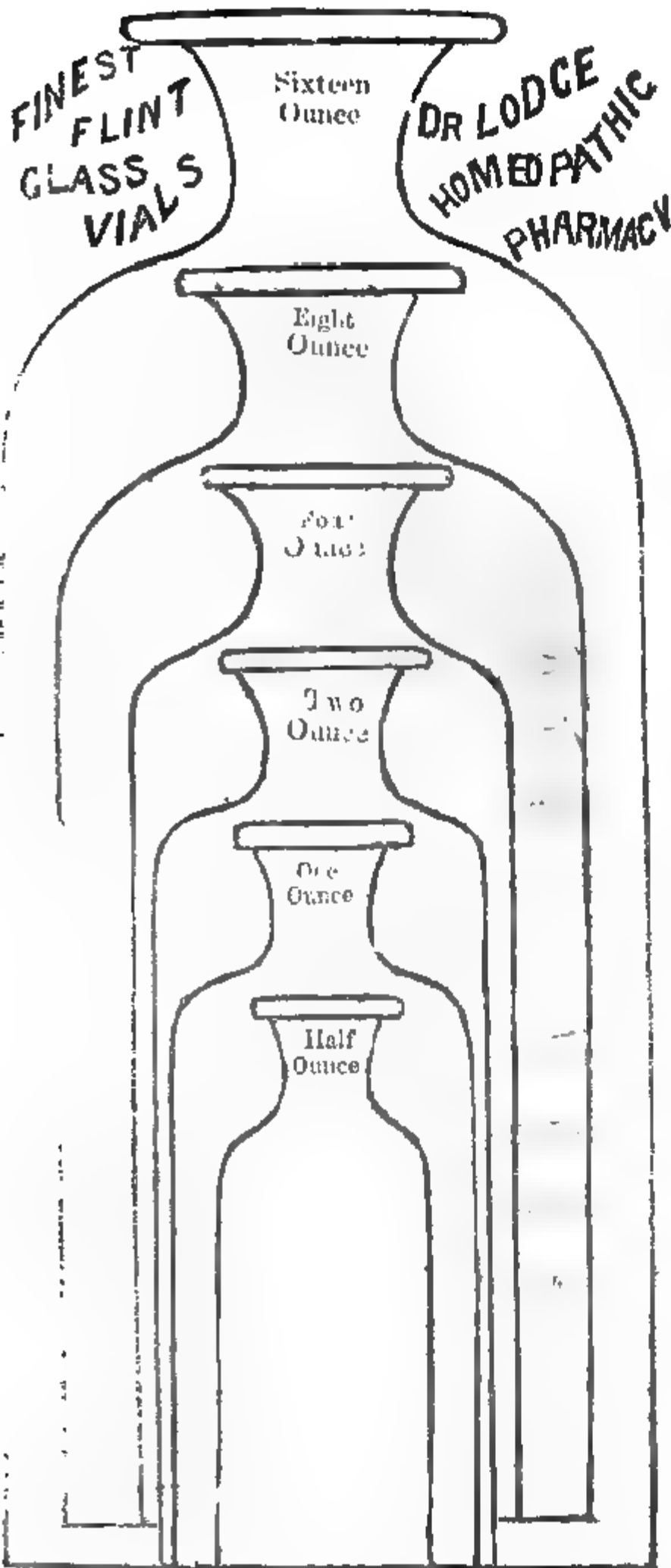
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set down
Christ and the Woman of Samaria
Christ healing the blind
The Widow's Mite. Dubufe
The Master has come and calleth for
thee
Rebecca sees the approach of Abra-
ham's Servants
Judas wandering on the night of the
Crucifixion
Jephtha's Daughter
Eli perceived that the Lord had
called the child. Copley
Venez au moi
Deliverance of St. Peter. Hilton
Little Samuel. Sir J. Reynolds.
Marriage of Ruth and Boaz. Leloir.
Mary and John at the tomb of Christ.
Ploekhorst.
Noah
Ruth in the Fields of Boaz
Show me Thy ways, O Lord! Smith
Thou stillest the Raging of the Sea
Bread of Heaven, The
St. John leading the blessed virgin to
his home. Dobson
Bethlehem. Dobson.
We praise thee, O God!
Sermon on the Mount, The. Dubufe
Gautier
Entry into Jerusalem, The. Dubufe
Gautier
Miracle of Loaves and Fishes, The
Dubufe. Gautier
Dispersion of the Apostles, The. Du-
bufe. Gautier
Star of Bethlehem, The
Flight into Egypt
Jesus in the Workshop
Jeremiah among the ruins of Jeru-
salem
Parable of the Lily
Suffer little children to come unto me
"Whoso drinketh of this water shall
thirst again."
Raising of the Daughter of Jairus
The Dead Christ. Rothermund.
Our Saviour's advice to the rich
young man. Lejeune
Judith and Holophernes
Leah and Rachel

PORTTRAITS.

Alfred the Great
John Adams
John Quincy Adams
Emperor Alexander of Russia
John A. Andrews, Governor of Mas-
sachusetts
Dr. Arnold. (Late of Rugby)
Professor Agassiz
William Allen
Edward Bates
Sebastian Bach
Henry Ward Beecher
Rev. H. W. Bellows
Beethoven
Elizabeth Barrett Browning
S. B. Brittan, Jr.
John Brough, of Ohio
Wm. Cullen Bryant
Gov. Buckingham

M. Angelo Buonaroti
Rosa Bonheur
Robert Burns
John Bright
Aaron Burr
P. M. General Blair
Parson Brownlow
Cervantes
John C. Calhoun
Simon Cameron
Count Cavour
Henry Clay
Hon. Cassius M. Clay
Hon. S.P. Chase, Secretary Treasury
Christopher Columbus
Thomas Carlyle
Samuel Taylor Coleridge
G. W. Curtis
John Calvin
Colenso, Bishop of Port Natal
Richard Cobden
A. G. Curtin, Gov. of Pennsylvania
Jeff Davis
Mrs. Jeff Davis
Jeff Davis Himself
Dante
Charles Dickens
Hon. S. A. Douglas
Mrs. S. A. Douglas
Paul Delaroche
Albert Durer
Anna E. Dickinson
Father Donahue
Albert Edward, Prince of Wales
Victor Emmanuel II.
Empress Eugenie. 3 styles.
Edward Everett
R. W. Emerson
Robert Emmett
Benjamin Franklin
George Fox
Elizabeth Fry
Archbishop Fenelon
Rev. Arthur B. Fuller, Chaplain 16th
reg. Mass. Vols
Dr. French, Dean of Westminster
Millard Fillmore
William Pitt Fessenden
General Garibaldi. (2 styles)
Garibaldi
W. I. Garrison
J. J. Gurney
Frederick the Great
Alexander Hamilton
Handel
Hayden
Alexander von Humboldt
O. W. Holmes
Nathaniel Hawthorne.
Hon. Joseph Holt
Washington Irving. Vanderlyn, 1805
" " Jarvis, 1809
" " G.S. Newton, 1820
" " Chas. Martin, 1851
Andrew Johnson, President of the
United States, 2 styles, vignette
Thomas Jefferson
Bishop Kenrick
Charles Kingsley
T. Starr King
Emperor Francis Joseph of Austria
Andrew Johnson
Baron DeKalb
Charles Robert Leslie
ABRAHAM LINCOLN, late Presi-
dent of the U. S., 3 styles, vignette

Abraham Lincoln—full length
Abraham Lincoln and son Thad.
2 styles
Abraham Lincoln's late Residence at
Springfield, Illinois.
Abraham Lincoln, Monument "Sa-
cred to the memory of A. Lincoln."
Abraham Lincoln. Monument with
Cross
Mrs. Lincoln—vignette
Mrs. Lincoln—full length
Martin Luther
H. W. Longfellow
A. Lamartine
Lafayette
Mary Queen of Scots
Baron Macaulay
Meyerbeer
Lucretia Mott
Mozart
Rt. Rev. Bish. C. P. McIlvaine, D. D
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Maj.-Gen. and Mrs. G. B. McClellan
Morton, Governor of Indiana
Maximilian Emperor of Mexico
Carlotta, Empress of Mexico
Commodore Nutt and Miss Warren
Napoleon and his Son
Napoleon I.
Napoleon II.
Theodore Parker
Lord Palmerston
Napoleon III.
Daniel O'Connell
Wendell Phillips
Prince Napoleon & Princess Clotilda
Prince Albert
Prince and Princess of Wales
The Prince and Princess of Wales,
with the infant Prince
The Princess of Wales and Albert
Victor of Wales
Prince Alfred
Prince Imperial
Princess Beatrice
Princess Alexandria
Princess Frederick William of Prussia
Pope Pius IX.
Lord Byron. Phillip
Bishop Colenso
Gov. Buckingham, of Connecticut
W. H. Prescott
William Penn, at 20
Lord Palmerston
Reubens
Raphael. Forster
Raphael. Pannier
Raphael at 15. Forster
Raphael and Perugino
De Quincy
Earl Russell
Salvator Rosa
John G. Saxe
Rev. Mr. Spurgeon
Capt. Semms, of the Pirate *Alabama*
Miss Semms, daughter of Captain
Semms, of the pirate "*Alabama*."
Schiller
Jean Paul Richter
John Ruskin
Richard Reynolds
Sir Walter Scott
Hon. Charles Sumner
W. H. Seward
Fred. Seward



LIST OF MEDICINES.

For sale at Dr. Lodge's Homœopathic Pharmacy, No. 150
Woodward Avenue, Detroit.

PRICES.—16 oz. vials, each, \$3.50. Eight oz. vials, \$2.00.
Four oz. vials, \$1.00. Two oz. vials, 60 cts. One oz. 35 cts.
Half oz. 20 cts. Quarter oz. 15 cts. One-Eighth oz. 10c.

All the vegetable and mineral substances are supplied in tincture or dilutions. The minerals, earths, &c., in triturations and dilutions. Tinctures are all the same price, except *Cactus g.* and *Cinchulagua* which are each \$1 per ounce. Aurum met. and some few triturations are higher. For prices of these see page 17 of Price-List.

In ordering medicines, please state what preparation is desired. If the name of the medicine only is given, my custom is to send either the first trituration or pure mother tincture, unless the medicine is one of the higher priced; in which case I send the lowest preparation that can be afforded at the prices above stated.

 FOR PURITY AND STRENGTH NOT EXCELLED BY ANY OTHER PREPARATIONS. 

***Triturations and low dilutions are all prepared on the decimal scale.*

Abelmoschus	Adamas	Ammonium muriat.
Absinthium	Adamsonia digit.	Ammonium phospho.
Acidum aceticum	Æsculus hippocast.	Ampelopsis quinque.
Acidum benzoicum	Æsculus glabra	Amygdalin
Abies balsamea	Aethusa cynapium	Ampib. brevis vermi.
Acidum chromicum	Agave americana	Atropa medea arborea
Acidum fluorium	Agaricus emeticus	Aucardiana orient.
Acidum formicum	Agaricus muscarius	Angitia arvensis
Acidum gallicum	Agaricus vesica	Angustura vera
Acidum hydrocyanic.	Agrostis eupatoria	Anisum stellatum
Acidum lacticum	Agnus castus (berry)	Antirrhinum
Acidum muraticum	Album ovi	Anthriscus cerefol.
Acidum molybdicum	Ailanthus cepa	Antimonium metal.
Acidum nitricum	Aletris farinosa	Antimonium sul. aur.
Acidum oxalicum	Aletris	Antimonium crudum
Acidum phosphoric.	Alium sativum	Anthem. cotula
Acid. carbonic. (Phenic)	Alumina	Antimonium sul. rub.
Acidum succinicum	Alnus serrulata	Antirrhinum linaria.
Acidum sulphuricum	Alnus rubra	Apis mellifica
Acidum tannicum	Aloe socotrina	Apium virom
Acidum tartaricum	Aloine	Apocynum cannabin.
Acacia	Alumen	Apocynin
Acalypha indica	Althæa officinalis	Apocynum androsema.
Aconitum nap. rad.	Alumina	Aqua petra
Aconitum nap. folia	Ambra grisea	Aquilegia vulgaris
Aconitum lycocton.	Ambrosia elatior	Aquilegia canadensis
Aconitine. (Aconitia)	Ammoniacum gummi	Archangelica
Actæa alba	Ammonium arseniate	Arctium lappa
Actæa rubra	Ammonium carbon.	Argemone mexicana
Actæa spicata	Ammonium caustic.	Aranca diadema

Argentum metallicum	Baryta muristica	Canella alba
Argentum nitricum	Bebeerin	Canna angustifolia
Aralia spinosa	Bebeerin sulphate	Cannabis sativa
Aralia nudicaulis	Belamantes	Cannabis indica
Argilla	Belladonna	Cantharis vesicatoria
Aristolochia clemati.	Benzoin	Cantharis vittata
Aristolochia milhom.	Benzole	Capsicum annuum
Aristolochia serpen.	Berberis vulgaris	Carbo animalis
Arnica montana	Berberina	Carbo picæ
Arsenicum metallic	Berberina iodide	Carbo vegetabilis
Arsenicum album	Berberina muriate	Carduus benedictus
Arsenicum citrinum	Berberina sulphate	Carduus marianus
Arsenicum rubrum	Beryl a carbonica	Carobu
Arsenite of Quinine	Bignonia radicans	Cascarilla
Artemesia absinthium	Bismuthum metallic.	Cassein
Artemesia vulgaris	Bismuthum nitric	Castor equorum
Arum maculatum	Bofareira	Castoreum
Arum triphyllum	Boletus lareis	Caulophyllum thalic.
Asafetida	Boletus satanas	Caulophyllin
Asarum europæum	Borax veneta	Causticam
Asarum canadense	Brayera anthelminti.	Celastrus scandens
Asclepias incarnata	Bovista	Ceanothus american.
Asclepias syriaca	Branca ursina	Cera
Asclepias tuberosa	Bromium (Bromine)	Cerasin
Asclepidiu	Brucea antidysenter.	Cerasus virginiana
Askalabotes currasa.	Brucea (false angust.)	Cervus brasiliens
Askalabotes lævis	Brucea	Chamomilla vulgaris
Asparagus officinalis	Brucea sulphate	Chelidonium majus
Aster puniceus	Bryonia alba	Chelone glabra
Asterias rubens	Bufo cinereus	Chelonin
Astragalus verus	Bufo sabytiensis ?	Chenopodium olidum
Athamanta oreoselin.	Cactus grandiflorus	Chenopodium anthel.
Atriplex olida	Cadmium	Chenop. glauc. aphis
Atropa mandragora	Calinca	Chimaphilla umbell.
Atropia. (Atropine)	Cajaputi oleum.	China. (Cinchona.)
Aurantii cortex	Caladium sequinum	Chininum arsenicum
Auri ter-oxydum	Calcarea acetica	Chininum hydrocyan.
Aurum metallicum	Calcarea arsenica	Chininum muriaticum
Aurum fulminans	Calcarea carbonica	Chininum purum
Aurum sulphuratum	Calcarea caustica	Chininum phosphori.
Aurum muriaticum	Calcarea iodata	Chininum sulphuric.
Aurum mur. natron.	Calcarea muristica	Chiococca racemosa
Azedarach	Calcarea oxalica	Chloroformum
Badiaga	Calcarea phosphorica	Chlorum
Ballota lanat.	Calcarea silicata	Cicuta virosa
Bellis perennis	Calcarea sulphurica	Cichorium intybus
Balsamum peruvian.	Calcarea sulphurata	Cimicifuga racemosa
Balsamadendron my.	Calendula officinalis	Cimicifuga. (Macrotin.)
Baptisia tinctoria	Caltha palustris	Cina
Baptisin	Calotropis gigantea	Cinchoninum sulphu.
Barbus fluviatilis	Camelia	Cinnabaris
Barosma crenata	Camphora	Cinnamomum
Baryta acetica	Cancer astacus	Cissampelos pareira
Baryta carbonica	Cancerorum oculi	Cistus helianthemi
Baryta caustica	Canchilagua	Cistus canadensis

<i>Citiss laburn.</i>	<i>Cyclamen europæum</i>	<i>Ferrum aceticum</i>
<i>Citrum</i>	<i>Cynoglossum officina.</i>	<i>Ferrum carbonic</i>
<i>Clematis erecta</i>	<i>Cynanchum vinetox</i>	<i>Ferrum chloratum</i>
<i>Clematis virginiana</i>	<i>Cyprinus barbus</i>	<i>Ferrum iodatum</i>
<i>Cleoma grandiflora</i>	<i>Cypripedium pubesc.</i>	<i>Ferrum lacticum</i>
<i>Cobaltum met</i>	<i>Cypripedin</i>	<i>Ferrum magneticum</i>
<i>Coccionella semtemp.</i>	<i>Cytisus scoparias</i>	<i>Ferrum muriaticum</i>
<i>Cocculus indicus</i>	<i>Daphne indica</i>	<i>Ferrum oxyda. hydr.</i>
<i>Cocculus palmatus</i>	<i>Delphinia</i>	<i>Ferrum sulphuricum</i>
<i>Coccus cacti</i>	<i>Delphinus amazonic.</i>	<i>Ficaria ranunc.</i>
<i>Cochlearia armoracia</i>	<i>Delphinium staphys.</i>	<i>Filix mas (Polypodi.)</i>
<i>Codeine</i>	<i>Dictamnus albus</i>	<i>Formica rufa</i>
<i>Coffea cruda</i>	<i>Dioscorea villosa</i>	<i>Formicum spiritus</i>
<i>Colchicum autumnale</i>	<i>Dioscorein</i>	<i>Fragaria vesca</i>
<i>Convallaria multiflor</i>	<i>Digitalis lutea</i>	<i>Fucus vesiculosus</i>
<i>Collinsonia canad.</i>	<i>Digitalis purpurea</i>	<i>Gallium aparine</i>
<i>Collodion (Collodium)</i>	<i>Digitalino (alkaloid)</i>	<i>Galla.</i>
<i>Colocythis</i>	<i>Digitalin (resinoid)</i>	<i>Gambogia (Gum. gut.)</i>
<i>Colocynthin</i>	<i>Dipterix odorata</i>	<i>Gaultheria procumb.</i>
<i>Columb. (Cocculus p.)</i>	<i>Dolichos pruriens</i>	<i>Gelsemium semp. vi.</i>
<i>Conium maculatum</i>	<i>Drosera rotundifolia</i>	<i>Gelsenin.</i>
<i>Comoradia dent</i>	<i>Dryobalanops camph</i>	<i>Genista scoparia</i>
<i>Convolvulus pandur.</i>	<i>Dulcamara (Sol. dul.)</i>	<i>Gentiana crinita</i>
<i>Convolvulus arvensis</i>	<i>Dracontium foetida</i>	<i>Gentiana seponaria</i>
<i>Convolvulus duartin.</i>	<i>Eleis guiniensis</i>	<i>Gentiana cruciata</i>
<i>Convolvulus scam</i>	<i>Elaps corallinus</i>	<i>Gentiana pneumona.</i>
<i>Copaiva officinalis</i>	<i>Elatarium</i>	<i>Gentiana lutea</i>
<i>Comptolia asplenifo.</i>	<i>Epigæa repens</i>	<i>Gentiana ochroleuca</i>
<i>Coptis trifolia</i>	<i>Emetine (from Ipec.)</i>	<i>Geranin</i>
<i>Corallium rubrum</i>	<i>Erechthites hieracif</i>	<i>Geranium maculatum</i>
<i>Corallorhiza odontor.</i>	<i>Ergotine</i>	<i>Geranium robert.</i>
<i>Corallina corsicana</i>	<i>Krigeron canadensis</i>	<i>Geum (Geum urban.)</i>
<i>Cornus circinata</i>	<i>Eryngium aquaticum</i>	<i>Ginseng (Panax qui.)</i>
<i>Cornu cervinæ ustum</i>	<i>Eryngine</i>	<i>Gillenine</i>
<i>Cornus florida</i>	<i>Eugenia jambos</i>	<i>Globonum (Glonoine)</i>
<i>Cornin</i>	<i>Euonymus atropurp.</i>	<i>Glanderine</i>
<i>Cornus sericea</i>	<i>Euonymin</i>	<i>Glycerinum</i>
<i>Corydalis formosa</i>	<i>Eupatorium perfolia.</i>	<i>Gossiptum herbaceu.</i>
<i>Corydalin</i>	<i>Eupatorin (resinoid)</i>	<i>Granatum cortex</i>
<i>Cotyledon</i>	<i>Eupatorium ager.</i>	<i>Gnaphalium polycep.</i>
<i>Crabo venen.</i>	<i>Eupatoidin</i>	<i>Granatum lapis</i>
<i>Creosotum. (Kreosote)</i>	<i>Eupatorium purpur.</i>	<i>Graphites</i>
<i>Crocus sativus (leva.)</i>	<i>Eupurpurin</i>	<i>Gratiola officinalis</i>
<i>Crotalus cascavella</i>	<i>Eupatorium aromati</i>	<i>Gryllus domesticus</i>
<i>Crotalus horridus</i>	<i>Euphorbia corollata</i>	<i>Guaco</i>
<i>Croton elutria</i>	<i>Euphorbin</i>	<i>Guano australis</i>
<i>Croton tiglium</i>	<i>Euphorbium officina.</i>	<i>Guaiacum officinalis</i>
<i>Cubeba officinalis</i>	<i>Euphrasia officinalis</i>	<i>Gymnocladus canad.</i>
<i>Cuprum metallicum</i>	<i>Eupione</i>	<i>Hamamelis virginica</i>
<i>Cuprum aceticum</i>	<i>Euonymus europæus</i>	<i>Hæmatoxylon campe.</i>
<i>Cuprum ammoniatum</i>	<i>Fagi sylvat glandes</i>	<i>Hedeoma pulegioides</i>
<i>Cuprum arsenicum</i>	<i>Farcine</i>	<i>Hedysarum ildefonsi.</i>
<i>Cuprum carbonicum</i>	<i>Fel tauri (fel bovin.)</i>	<i>Helianthemum cana.</i>
<i>Cuprum sulphuricum</i>	<i>Ferrum arsenias</i>	<i>Helianthemum cory.</i>
<i>Curcubita pepo seta.</i>	<i>Ferrum metallicum</i>	<i>Helianthus annuus</i>

Heliotropium	Kali chloricum	Manganum hyperox.
Helleborus niger	Kali bromatum	Marrubium vulgare
Helminthocorton.	Kali carbonicum	Meconine
Helonias dioica	Kali ferrocyanuret.	Melissa officinalis
Helonin	Kali hydriodicum	Melastoma ackermanni
Hepar sulphur. calc.	Kali muriaticum	Melia azedarach
Hepar sulphur. kali	Kali nitricum	Meloe majalis et pros.
Hepatica triloba	Kali sulphuricum	Membrani ovi
Heraclium sphondyl.	Kaolin (Kaoline)	Menispermum canad.
Hippomane manoiue.	Kino	Menispermia
Humulus lupulus	Koussou (Cossoo)	Menispermum (Cocc.i.)
Hura brasiliens	Kreosotum (Creosote)	Mentha piperita
Hydrangea arboresc.	Krameria triandria	Mentha viridis
Hydrastis canadensis	Lachesis	Menyanthes trifolia.
Hydrastis mur.	Lachnanthes tinctoria	Mephitis putorius
Hydrastis sulph.	Lactucarium	Mercurialis perennis
Hydrastin	Lactuca virosa	Mercurius vivus
Hydrophobinum	Lanum album	Mercurius acetatus
Hydropiper	Laurocerasus	Mercurius dulcis
Hyoscyamus niger	Ledum palustre	Mercurius iod. flavus
Hyoscyamin	Leonurus cardiaca	Mercurius biniodatus
Hypericum perforat.	Lepidium bonariense	Mercurius prec. albus
Hypoplasphate lime	Leptandria virginica	Mercurius prec. rub.
Hypophosph. potash	Leptandrin	Mercurius hydriodi.
Hypopnos. manganese	Liatris spicata	Mercurius cyanuret
Hypophosph. quinia	Ligusticum levisticum	Mercurius phosphor.
Hypophosph.	Ligustrum vulgare	Mercurius sol. Hahn.
Hyssopus officinalis	Limax ater	Mercurius corrosivus
Ichthyocola	Liriodendron talipif.	Mercurius sulphuric.
Ignatia amara	Lithion carbonicum	Mercurius nitrosus
Ilex opaca	Lobelia cardinalis	Metallum album
Illicium anisatum	Lobelia coerulea (L. s.)	Mezereum
Impatiens pallida	Lobelia inflata	Millefolium
Indigofera tinctoria	Lobelia pinnifolia	Mitchella repens
Iodiam	Lobelia	Mimosa humilis
Ipecacuanha	Lomolium (bubonium)	M. lybdaenum
Iridium	Lolium temulentum	Monotropa uniflora
Iris versicolor	Lupulus	Monarda punctata
Irisin (Iridin)	Lupuline	Morphium purum
Jacaranda caroba	Lycopodium clavatu.	Morphium aceticum
Jalapa	Lycopus europæus	Moschus
Jalapin	Lycopus virginicus	Murex purpurea
Jatropha curcas	Macrotys (Cimicifuga.)	Mutare leite
Jeffersonia diphyl.	Macrotin (Cimicifugin)	Mygale avicularia
Juglans cinerea	Magnesia carbonica	Myrica cerifera
Juglans regia	Magnesia calcinata	Myricin
Juglandin	Magnesia muriatica	Myristica sebifera
Juncus effusus	Magnesia sulphurica	Myrtus communis
Juncus pilosus	Magnolia glauca	Myrtus pimenta
Juniperus communis	Majorana	Naja tripudians
Kadium met.	Malva sylvestris	Narcotine
Kalmia latifolia	Mancinella	Nasturt. aquat.
Kali bichromicum	Manganum metallic.	Natrum carbonicum
Kali causticum	Manganum aceticum	Natrum causticum
Kali chromicum	Manganum carbonio.	Natrum muriaticum

Natrum nitricum	Pinus palustris	Rhododendron chrys.
Natrum sulphuricum	Piperin	Rhus glabrum
Natrum sulphuratum	Plantago major	Rhusin
Nitri spiritus dulcis	Platina metallicum	Rhus radicans
Niccolum carbonicum	Platina muratica	Rhus vernix
Niccolum met.	Pothos foetida	Rhus toxicodendron
Niccolum sulphuricu.	Plumbago lithoralis	Rhus venenata
Nitrum	Plumbum metallicum	Robinia pseudo acac.
Nitrate of uranium	Plumbum oxid. rubr.	Rosa centifolia
Nuphar lutea	Plumbum aceticum	Rosmarinas officinal.
Nux moschata	Plumbum carbonicu.	Rub. ros. lapis
Nux vomica	Polemonium reptans	Rudbeckia hirta
Nucis vomie. cortex	Podophyllum peltat.	Rudbeckia laciniata
Nymphæ odorata	Podophyllum	Rumex crispus
Ocimum canum (d.c.)	Polygonum fagopyr.	Rumicin
Oculi canerorum	Polygonum hydropi.	Rumex acetosa
Oenanthe crocata	Polytrichum juniper.	Rumex patientia.
Oleander (Neri. ole.)	Populus tremuloides	Ruta graveolens
Oleum animale æthe.	Populus balsamifera	Sabadilla
Oleum jecoris aselli +2	Populin	Salix alba
Oleum olivarum	Potassium	Salern
Oniscus asellus	Prunus padus	Sabina (Juniper. sab.) 10
Ononis spinosa	Potentilla tormentill.	Saccharum lactis
Ophioxylon	Prunus spinosa	Saccharum officinarum
Opium	Prunus americana	Salernus alba
Opopanax	Prunus virginiana	Salvia officinalis
Oreoselinum	Prunin	Sambucus nigra cort.
Orobanche virg.	Punica granatum	Santal. aci. tinctura
Osmium	Prinos verticillatus	Sanguis draconis
Ozaenim	Pulsatilla nigricans.	Sanguinaria canad.
Padus avium	Pulsatilla Nuttalliana	Sanguinaria sulph.
Paeonia officinalis	Ptelea trifoliata	Sanquinaria
Palladium	Ptelein	Santalum citrinum
Panacea (azou. dos p.)	Pyrethrum partheni.	Santonine
Panduratin	Pyrus malus	Sapo domesticus
Paraffin	Pyrola rotund. folia	Saponaria officinalis.
Paris quadrifolia	Prenanthes serpentaria	Sarcinae ventriculi
Paullinia sorbilis	Quassia (picroæna ex.)	Sarracenia purpurea
Paullinia pinnato	Quercus infectoria	Sarsaparilla
Pavia ohioensis	Quercus robur. cort.	Sassafras (Lau. sassa.)
Petiveria tetandra	Quercus alba	Scabiosa succ.
Petroleum	Quinia	Scrophularia nodosa
Petroselinum sativa.	Quiniaz sulphate	Scrophularia
Phallus impudic	Ranunculus flammula	Scutellaria laterifolia
Phellandrium aquati.	Ranunculus acris	Scutellarin
Phosphorus	Ranunculus bulbosus	Secale cornutum
Physalis viscosa	Ranunculus scelerat.	Sedina pector.
Phytolacca decandra	Raphanus æstivus nig	Sedum acre
Phytolaccin	Ratanhia (Kram. tri.)	Selenium
Phytolacca octandra	Resina ita	Salinum palustre
Pichurin	Rhamnus cat. corticus	Sempervivum tector.
Picrotoxin	Rhamnus frangula.	Senecio gracilis
Pimpinella anisum	Rheum	Senecionino
Pimpinella saxifraga	Rhodankalium	Senecio aureus
Pinus sylvestris	Rhodium	Senega (Polyga. sen.)

<i>Senna</i> (Cas. sc. s. a.)	<i>Sulphur</i>	<i>Uvaria triloba</i>
<i>Sepia succus</i>	<i>Sulphuris tinctoria</i>	<i>Vaccinium frondosum</i>
<i>Sericum</i>	<i>Sulphur alcoholisatum</i>	<i>Valeriana officinalis</i>
<i>Serpentaria</i> (Aristil.s)	<i>Sumbul</i>	<i>Vanilla aromatica</i>
<i>Serpyllum.</i>	<i>Sycotium</i>	<i>Veratrum album</i>
<i>Sesamum indicum</i>	<i>Symphytum officinal.</i>	<i>Veratrum viride</i>
<i>Silphium laciniatum</i>	<i>Tabacum</i>	<i>Veratria. (Veratrine)</i>
<i>Silicea</i>	<i>Tanacetum vulgare</i>	<i>Verbascum thapsus</i>
<i>Simaruba officinalis</i>	<i>Taraxacum</i> (Leon. ta)	<i>Verbena officinalis</i>
<i>Sinapis nigra</i>	<i>Tartarus emeticus</i>	<i>Verbenia</i>
<i>Smaragdus</i>	<i>Taxus baccata</i>	<i>Verbena urticifolia</i>
<i>Smilax officinalis</i>	<i>Tela araneæ</i>	<i>Vernonia fasciculata</i>
<i>Solanum ægr</i>	<i>Tellurium</i>	<i>Veronica officinalis</i>
<i>Solanum arrebenta</i>	<i>Terebinthinæ</i>	<i>Viburnia</i>
<i>Solanum lycopersiou.</i>	<i>Teucrium marum ver.</i>	<i>Viburnum opulus</i>
<i>Solanum mammosum</i>	<i>Thea sinensis</i>	<i>Viburnum prunifoli.</i>
<i>Solanum nigrum</i>	<i>Theine</i>	<i>Vinea minor</i>
<i>Solanum oleraceum</i>	<i>Theridion curassavi.</i>	<i>Viola odorata</i>
<i>Solanum tuberosum</i>	<i>Thridace</i>	<i>Viola tricolor (Jacea)</i>
<i>Sophora japon</i>	<i>Thuya occidentalis</i>	<i>Vipera torva</i>
<i>Solidago odora</i>	<i>Thymus serpyllum</i>	<i>Vipera redi</i>
<i>Spartium scoparium</i>	<i>Titanium</i>	<i>Viscum album</i>
<i>Spigelia</i>	<i>Tilia europæa</i>	<i>Vitrum antimon</i>
<i>Spiggurus martini</i>	<i>Tongo</i>	<i>Vulpus fel</i>
<i>Spongia testa</i>	<i>Tradescentia diuretica</i>	<i>Vulpus hepar</i>
<i>Squilla maritima</i>	<i>Trillium pendulum</i>	<i>Xanthoxylum fraxin.</i>
<i>Stannum metallicum</i>	<i>Trillio</i>	<i>Xanthoxylum</i>
<i>Staphysagria</i>	<i>Trifolium pratense</i>	<i>Xiphosura americana</i>
<i>Sterculia acuminata</i>	<i>Trioste m. perfoliatum</i>	<i>Zincum metallicum</i>
<i>Sticta pulmonaria</i>	<i>Tussilago petasites</i>	<i>Zincum aceticum</i>
<i>Stillingia sylvatica</i>	<i>Tussilago farfara</i>	<i>Zincum carbonicum.</i>
<i>Stillingia</i>	<i>Typha latifolia</i>	<i>Zincum chloridum</i>
<i>Stramonium</i>	<i>Ulmus campestris.</i>	<i>Zincum hydrocyanic.</i>
<i>Strontiana carbonica</i>	<i>Uranium</i>	<i>Zincum oxydatum</i>
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